

Patient Payment Guidelines and Responsibilities

The physicians and staff of Mary Bird Perkins (MBP) look forward to serving your health care needs and providing you and your family high-quality care. It is our goal that each patient and their family understand the financial obligation that is unique to their individual health insurance plan. There are generally four categories of health insurance. Within each, a variety of individual plans may exist, each having different policy benefits and patient payment requirements. The four categories of insurance are listed below:

- Commercial Insurance (Blue Cross, Aetna, etc.)
- Medicare
- Medicare Replacement Health Insurance Plans
- Self Pay

Proof of Insurance Requirements and Acknowledgement of Obligations

We ask that all patients present his or her insurance card upon request, which may occur frequently throughout care. Every patient will be required to review and sign a variety of forms upon registering for their first visit, including an agreement concerning payment of amounts owed to MBP. If the health insurance carrier or plan changes at any time during care, it is the patient's responsibility to notify MBP.

Outlined below are MBP's payment requirements for each category of health insurance.

Commercial Insurance Plans

MBP will verify health insurance benefits with your insurance carrier and will determine what amount, if any, you will owe. Commercial plans may include a deductible, coinsurance, copayments and authorizations that are required before care can be provided.

Deductibles and Coinsurance

Most commercial health insurance plans include an annual deductible amount and coinsurance. This is the subscriber's (i.e. patient) share of the cost the insurance company determined was required to provide coverage.

MBP requires deductibles or coinsurance amounts be paid within 30 days of receiving a statement. Patients will receive an explanation of benefits from their insurance carrier and a statement from MBP, which

will clearly list the amount you owe for deductible or coinsurance. If your account has an overdue balance, you will be required to pay the full amount owed before further care is provided by MBP.

Copayments

Many health insurance plans require the subscriber (patient) to pay each time they receive a particular type of service from a doctor or hospital. Copayments are often required for doctor office visits, diagnostic imaging services and laboratory services (i.e. blood work).

MBP requires all copayments be made in advance of services being provided. Payment can be by personal check, credit card or cash.

Authorizations:

MBP personnel will assist and obtain authorizations in advance of care being provided when required.

Medicare

Medicare without Secondary Coverage

Medicare is a health plan sponsored by the U.S. Government. Medicare is available to seniors over the age of 65. It includes two components: Part A for Hospital Services and Part B for outpatient (non-hospital based) healthcare services. MBP accepts Medicare and is considered a Part B healthcare provider. Medicare Part B covers 80% of the cost allowed by Medicare for MBP services. The Medicare patient is responsible for the remaining 20% of the allowable amount. For example, if Medicare allows \$100 for a visit with a MBP physician, Medicare would pay \$80 and the patient would be required to pay \$20 as coinsurance. Medicare Part B does not have an annual maximum out-of-pocket coinsurance amount.

MBP provides the following option to handle financial responsibility:

MBP requires all Medicare coinsurance payments be made in advance of services provided. Payment can be by personal check, credit card, or cash.

Medicare with Secondary Coverage

If the patient has secondary insurance, the remaining 20 percent of the allowable amount is paid by the Secondary Insurance plan. For example if Medicare allows \$100 for a visit with a MBP physician, Medicare would pay \$80 and the patient's Secondary Insurance would pay a portion of the remaining \$20.00 owed to MBP.

MBP provides patients with Medicare and a secondary insurance carrier with the following method to handle financial responsibility:

MBP requires deductibles or coinsurance amounts for Medicare with secondary coverage plans to be paid within 30 days of receiving a statement. Patients will receive an explanation of benefits from Medicare and the secondary insurance carrier and a statement from MBP, which will clearly list the amount owed for deductible or coinsurance. If the account falls in arrears, the patient will be required to pay the full amount owed before further care is provided.

Medicare Authorizations

Medicare does not require authorizations, but from time to time, MBP may recommend services that are not covered by Medicare. In these cases, MBP will discuss the service with the patient and why it may be a necessary component of care. If a patient agrees to receive a non-covered service, the patient will sign an Advanced Beneficiary Notice of Noncoverage and payment will be required in advance of the service being provided. The Advanced Beneficiary Notice of Noncoverage is a Medicare requirement that is intended to protect the patient from unforeseen financial obligations in the case a non-covered service is provided to a Medicare beneficiary.

Medicare Replacement Plans

Medicare Replacement Plans are health insurance plans sponsored by private health insurance companies that accept assignment of an individual's Medicare Plan. Medicare Replacement plans become the primary insurance and Medicare is no longer the patient's health insurance provider after the assignment to a Medicare Replacement plan occurs. Medicare Replacement Plans often include coinsurance, copayments and authorizations.

Authorizations:

MBP personnel will assist and obtain authorizations in advance of care being provided when required.

MBP provides the following method to handle financial responsibility:

Copayments:

MBP requires copayments be made in advance of services being provided. Payment can be made by personal check, credit card or cash.

Coinsurance:

MBP requires coinsurance amounts be paid within 30 days of receiving a statement. Patients will receive an explanation of benefits from their insurance carrier and a statement from MBP, which will clearly list the amount owed. If the account falls into an amount outstanding, the patient will be required to pay the full amount owed before further care is provided.

Self Pay

MBP will provide an estimated cost of a patient's course of treatment. One half of that amount will be collected on the patient's first treatment appointment. The remaining balance must be paid before the last day of treatment. Payment can be made by personal check, credit card or cash.

Financial Assistance and Resources

Mary Bird Perkins Cancer Center offers programs designed to assist patients in meeting their financial obligations. As a qualified Medicaid Application Center, we can assist patients in applying for coverage under the state's program. We can provide assistance with completion of short term and long term disability forms and provide information about applying for Social Security disability. Additionally, MBP can make referrals to available charitable organizations that offer financial assistance and other support to cancer patients. MBP offers several financial assistance programs for patients unable to pay their charges. Please schedule an appointment with a Patient Financial Counselor to learn more about these programs and determine your eligibility.

Serving patients throughout Southeast Louisiana

4950 Essen Lane, Baton Rouge
39 Starbrush Circle, Covington
1104 West Highway 30, Gonzales
15728 Paul Vega MD Drive, Hammond
8120 Main Street, Suite 201-A, Houma