

Benefits **FACT** sheet

At CHRISTUS Physicians Surgery Center, we are committed to fulfilling our mission to extend the healing ministry of Jesus Christ. We take a proactive approach to patient billing and collections, with respect and professionalism at the forefront of our transactions. We expect payment at the time of service, but we understand that billing and collection for health care services can be confusing. Our admitting and business office staff will work with you to answer your billing questions, set up a payment plan, or qualify you for government-sponsored programs. We want to make sure your billing and insurance information is clearly understood.

Your surgical bill

As a routine practice, when appropriate, the surgery center attempts to collect all known patient expenses at time of service. Our initial request for payment will include deductibles, co-pays and coinsurance amounts. However, the amount of all charges may not be known or available at the time of admission or discharge, and it is possible that charges may change. Calculated coinsurance amounts are based on estimated charges at time of scheduling. Any overpayment will be promptly refunded after your insurance provider has provided us with their portion of the payment. Outstanding balances will not have interest charges.

You may request an itemized copy of your bill within one year of the date of your discharge, and it will be provided to you within 10 business days.

Discounts

CHRISTUS Physicians Surgery Center initiated an updated uninsured discount policy for patients who do not have health insurance. We will discount services for all uninsured patients for medically necessary services. Information about this program will be provided at the time of pre-registration.

CHRISTUS Physicians Surgery Center complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, creed, culture, disability (physical or mental), ethnicity, familial status, gender identity or expression, genetic information, language, national origin, military service, race, religion, sex, sexual orientation, socioeconomic status, or public assistance status. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.



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Physician billing

Professional services provided to you by a physician will be billed separately and apart from the fees charged by the Surgery Center. Please note that physicians and other health care clinicians who provide services at our facility may not be listed as participating providers or contracted with the same third-party payors as this outpatient facility. This means that their services may not be covered by your medical insurance provider, even if the facility is in your network.

If you receive a bill from a physician and have questions, please call the telephone number listed on that bill. Physicians that may bill you separately include:

- Anesthesiologists
- Laboratory services
- Pathologists
- Radiologists
- Your personal physicians

Processing your bill

If you have current insurance coverage, our billing department will bill your insurance company shortly after your visit. When a claim is sent to your insurance company, an informational letter will be sent to you. Please note that this letter is NOT a bill. Your insurance company should pay your bill within 60 days. The facility may request your help in contacting your insurance company if payment is delayed. There may be times when your insurance company needs additional information from you. Please respond as quickly as possible so payment is not delayed.

Please note that you may be responsible for all or part of the remaining charges that are not paid by your health benefit plan, and payment will be due upon receipt of your bill.

We're Here for You!

- Read your **insurance policy** and note the deductible and coinsurance rate for a particular expense.
- Subtract deductible from cost of procedure.
- Multiply by your coinsurance percentage which equals the amount paid in coinsurance
- Add the result to your deductible. This is the total amount to be paid

Example

$$\begin{array}{r r r r r r r} \$5000.00 & - & \$1000.00 & = & \$4000.00 & \times & 10\% & = & \$400 \\ \text{(Cost of service)} & & \text{(Deductible)} & & & & \text{(Coinsurance Percentage)} & & \end{array}$$

$$\begin{array}{r r r r r r r} \$400.00 & + & \$1000.00 & = & \$1400.00 \\ \text{(Coinsurance percentage)} & & \text{(Deductible)} & & \text{(Amount owed)} & & & & \end{array}$$

Please contact CHRISTUS Physicians Surgery Centers at **210.805.3200** if you have questions concerning your bill.

Your patient **Bill of Rights** and **Responsibilities**

- A patient has the right to respectful care given by competent personnel.
- A patient has the right, upon request, to be given the name of his/her attending practitioner, the names of all other practitioners directly participating in his/her care, and the names and functions of other health care persons that are having direct contact with patient.
- A patient has the right to consideration of privacy concerning his/her own medical care program. Case discussions, consultation, examination, and treatment are considered confidential and shall be conducted directly.
- A patient has the right to have records pertaining to his own medical care treated as confidential except as otherwise provided by law or third party contractual arrangement.
- A patient has the right to know what CHRISTUS Santa Rosa Physicians Ambulatory Surgery Center (PASC) rules and regulations apply to his/her conduct as a patient.
- The patient has the right to expect emergency procedures to be implemented without unnecessary delay.
- The patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
- The patient has the right to full information, in layman's terms, concerning diagnosis, treatment, and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the responsible person.
- Except for emergencies, the practitioner shall obtain the necessary informed consent prior to the start of a procedure. Informed consent is defined in Texas Administrative Code, Title 25, Part 7, Chapter 601.
- A patient or, if the patient is unable to give informed consent, a responsible person has the right to be advised when a practitioner is considering the patient as a part of a medical care research program or donor program, and the patient or responsible person shall give informed consent prior to actual participation in the program. A patient or responsible person may refuse to continue in a program to which he/she has previously given consent.
- A patient has the right to refuse drugs or procedures, to the extent permitted by statute, and practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures.
- A patient has the right to medical and nursing services without discrimination based upon age, race, color, religion, sexual orientation, national origin, handicap, disability, or source of payment.
- The patient who does not speak English shall have access, where possible, to an interpreter.
- The PASC shall, upon request, provide the patient or patient's designee access to the information contained in his/her medical records, unless the attending practitioner for medical reasons specifically restricts access.
- The patient has the right to expect good management techniques to be implemented by the PASC Facilities. Those techniques shall make effective use of the time of the patient and avoid the personal discomfort of the patient.
- The responsible person shall be notified when an emergency occurs and a patient is transferred to another facility. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.
- The patient has the right to expect that the PASC will provide information for continuing health care requirements following discharge, and the means for meeting them.
- A patient has the right to be informed of his/her rights at the same time of admission.
- The PASC expects the patient to ask questions about any directions or procedures they do not understand.
- The PASC expects the patient to be considerate of other patients and staff in regard to noise, smoking, and the number of visitors in the patient areas. The patient is also expected to respect the property of the PASC and other persons.
- The patient is expected to follow instructions and medical orders and report unexpected changes in his/her condition to his/her physician and to the PASC's staff.
- The patient is expected to follow all safety regulations that he/she have been informed of and/or have read about.
- If the patient fails to follow his/her health care clinician's instructions, or if the patient refuses care, he/she is responsible for his/her own actions.
- The patient can choose to change primary or specialty physicians or dentists if other qualified physicians or dentists are available.

For complaints please contact

Health Facility Compliance Group (MC 1979) at
PO BOX 149347, Austin, Texas 78714, or call 888.973.0022.
You may also send complaints to their website:
<http://www.medicare.gov/Ombudsman/activities.asp>.

Explanation of ownership

Your physician may be a partner with ownership of the PASC. A list of physician partners is available upon request and is posted at all CHRISTUS centers. The Physicians and Allied Health Professionals practicing at PASC are licensed and/or credentialed to practice in this facility. The Physicians and Allied Health Professionals provide medical services at PASC, but they are not agents or employees at PASC.



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Your rights and protections against surprise medical bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's co-payments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a physician or other health care provider, you may owe certain out-of-pocket costs, such as a co-payment, coinsurance and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

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You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as co-payments, coinsurance, and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Texas law protects patients with state-regulated health insurance (about 16 percent of Texans) from surprise medical bills in emergencies or when they didn't have a choice of physicians. The law bans physicians and providers from sending surprise medical bills to patients in those cases.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

Texas law also prohibits balance billing for any health care, medical service or supply provided at an in-network facility by an out-of-network physician or other provider and for services by diagnostic imaging providers and laboratory service providers provided in connection with a health care service performed by a network physician or provider.

You're **never** required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the co-payments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the federal No Surprises Help Desk at 800.985.3059 or the Texas Department of Insurance at 800.252.3439.

Visit <https://www.cms.gov/nosurprises/consumers> for more information about your rights under federal law. Visit <https://www.tdi.texas.gov/medical-billing/surprise-balance-billing.html> for more information about your rights under Texas law.



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