

Billing, Insurance, Financial Assistance and Counseling Guide

Thank you for choosing Beaumont Health for your health care needs.

Our goal is to provide all patients with the highest quality health care services regardless of where they live or their financial circumstances. We will provide these services efficiently, effectively and compassionately to ensure they are of the highest value to patients who receive them and to insurers who pay for them.

Will my insurance pay for this visit?

Beaumont Health cannot guarantee that your insurance will pay for the services provided to you. Your insurance program, not Beaumont Health, decides what it will and will not pay for. We will file a claim with your insurance company at the earliest possible date following your discharge or treatment and will provide all necessary information to assist in determining payment levels. To assist us, it is important that you provide accurate insurance information when you register. Incorrect or incomplete information will delay the processing of your account. You will be expected to make full payment of the account balance if your insurance company fails to pay or denies payment of your claim.

Some insurance plans require referrals or pre-authorization for treatment, or require you to receive care within a specific network of health care providers. When we are aware of these restrictions, we will try to notify you that a referral or pre-authorization is needed before services are provided. However, some insurance companies hold you responsible if these requirements are not met. If you are unsure of your specific insurance plan requirements, please check with your employer's human resources representative, read your insurance plan benefit manual or call your insurance carrier directly for assistance.

Please remember that your insurance company makes the final decision on payment for services provided. Verification and pre-authorization do not guarantee that your claim will be paid.

What about payments at the time of service?

You may be asked to pay copayments, coinsurance payments, deductibles or non-covered services at the time the service is provided.

What will my bill look like?

You may receive more than one bill for the services provided. Depending on location of service, Beaumont Health hospital (facility) bills may also include physician (professional) charges. You may also receive bills directly from other providers who treated you or reviewed tests performed at Beaumont Health (e.g. anesthesiologists, radiologists, and pathologists).

What if I have other questions?

If you would like to speak with someone regarding your bill, or if you would like to obtain a free copy of the financial assistance policy or application, please contact Customer Service at 248-577-9600, Monday through Friday, 8 a.m. to 5 p.m. or visit our website at www.beaumont.org.

Does my insurance participate with Beaumont Health?

Beaumont Health participates in most major insurance plans, in addition to the government insurance plans, Medicare and Medicaid.

Please call your insurance plan to inquire about participation and authorization requirements.

Please contact your employer's human resource representative or your insurance company to verify coverage eligibility. You may also call a Beaumont Health financial representative at **1-248-577-9205** for information or clarification of your insurance plan coverage.

You may want to check with your insurance company to determine how much it will pay for services if it does not participate with Beaumont Health. Even if your insurer does not have a contract with Beaumont Health, the hospital will bill your insurance company for the services provided to you. However, if a non-contracted insurance plan pays the hospital less than the amount that was billed, you may be responsible for the outstanding balance. After your insurance company is billed, you will receive a statement from Beaumont Health explaining what is owed.

What if I don't have insurance?

In support of the mission of Beaumont Health, financial assistance is available to uninsured patients. Beaumont Health will provide, without discrimination, care of emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

An uninsured patient is someone who does not have any health coverage at all, whether through insurance or any government program, and who does not have any right to be reimbursed by anyone else for their health care expenses.

If you qualify for financial assistance, you will in no case be charged more than the relevant Amount Generally Billed (AGB) for emergency services or other medically necessary services. AGB is determined annually and is based on the look-back method as described in Section 501(r) of the IRS Code and the regulations. In addition, you will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Eligibility requirements:

Eligibility for financial assistance for uninsured patients will be determined based on the Federal Poverty Level (FPL). A patient whose household income is equal to or less than 200% of the

most recent federal poverty guideline may qualify for a full financial assistance discount. Patients with household income between 200% and 300% of the FPL may qualify for partial financial assistance as outlined below:

Income as percent of FPL and levels of financial assistance:

Income as percent of FPL	Financial assistance
up to 200%	100% assistance
up to 300%	50% off AGB*
over 300%	AGB*

AGB Hospital = 25%
AGB Professional = 65%

A free copy of the hospital's financial assistance policy, billing and collections policy, and an application for financial assistance with instructions are available on the Beaumont Health website by visiting www.beaumont.org and selecting your location of service. Copies are also available at the hospital's main admitting areas as well as by mail by contacting the financial counseling team at 1-248-577-9205.

Translations of these documents are available to patients in the following languages: Arabic, Chinese, German, Italian, Japanese, Korean, Polish, Russian, Spanish and Vietnamese.

What if this is an emergency center visit?

If you come to Beaumont Health's Emergency Center, you will receive care and stabilization of your medical condition, regardless of your insurance coverage or ability to pay. Please remember that patients are seen in order of medical priority, not necessarily in the order that they arrived.

This is not a clinic or urgent care facility. Services in this area will be billed to your insurance as an emergency visit and will not be billed as a clinic visit, physician's office visit or as "urgent care."

What if I have a worker's compensation injury or an automobile accident?

If you receive treatment for a worker's compensation related injury and you do not have the information needed to bill your employer or your employer's worker's compensation carrier, you must call Beaumont Health's Patient Financial Services department at 1-248-577-9205 within three days of receiving treatment.

related accident:

- employer name (please provide the name of your employer at the time of the accident or injury)
- employer address, phone number and name of person authorizing payment for treatment
- date of accident or injury

- claim number
- name, address and phone number of worker's compensation carrier

Please be ready with the following information for an automobile related accident:

- name of auto insurance company, address, phone number
- name of contact person (if insured through an independent agent)
- date the accident occurred
- claim number (issued by insurance carrier)

If you do not call Beaumont Health with this information, charges for the medical services provided will be billed directly to you.

Please note that in the case of an automobile accident, we will verify your health insurance coverage. Some employer self-funded insurance plans, as well as Medicare, Medicaid and Beaumont Health Employee Health Plan (BEHP) require us to bill your auto insurance first.

What if I don't have my insurance card with me?

After your discharge, please contact Patient Financial Services at 1-248-577-9205 as soon as possible to verify your insurance information. If you are unable to provide the necessary insurance information, you will be billed directly for the medical services rendered.

Important phone numbers

Financial representatives

Beaumont Hospital – Grosse Pointe: 313-473-1550
Beaumont Hospital – Royal Oak: 248-898-3558
Beaumont Hospital – Troy: 248-964-7052
Beaumont Hospital – Farmington Hills: 248-473-4835
Patient Family Services: 248-577-9205

Department of Human Services

Macomb County: 586-412-6100
Oakland County: 248-975-4800
Wayne County: 313-456-1000

Medicaid Customer Hotline

800-642-3195

General contacts

Beaumont Hospital – Grosse Pointe 468 Cadieux Road Grosse Pointe, MI 48230 313-473-1000 TDD: 313-473-1515	Beaumont Hospital – Troy 44201 Dequindre Road Troy, MI 48085 248-964-5000 TDD: 248-964-5133
--	--

Beaumont Hospital – Royal Oak 3601 West 13 Mile Road Royal Oak, MI 48073 248-898-5000 TDD: 248-898-1986	Beaumont Hospital – Farmington Hills 28050 Grand River Farmington Hills, MI 48336 248-473-4835
--	--

For copies of this document in other languages:
www.beaumont.org