

# How We Bill Medicare Patients

## Sample Out of Pocket Costs

The table below shows the average co-insurance amounts for our most frequently billed services. Your actual out of pocket costs may differ, depending on your plan and whether you have met your Part A and Part B deductibles for the year. If you have secondary or supplemental insurance, it may also cover some of these costs.

CPT	Medicare Part A	Medicare Part B	Total Co-Insurance
99213	\$17.61	\$9.98	\$27.59
99214	\$17.61	\$15.42	\$33.03
99215	\$17.61	\$21.90	\$39.51

## Questions or Concerns

We understand that bills and insurance can be confusing. We have a Customer Service team ready to assist you at (877) 271-3366.



MidMichigan Medical Center – Midland  
4000 Wellness Drive  
Midland, Michigan 48670  
Toll Free (877) 271-3366



This practice is a department of MidMichigan Medical Center – Midland. Medicare refers to this type of hospital-owned clinic as a “provider-based facility.” This designation impacts the way that bills and copays are calculated under Medicare, which could also affect your out of pocket costs. The purpose of this brochure is to explain our billing practices and help you anticipate your costs.

### What is a Provider-Based Facility?

Medicare recognizes the benefit of an integrated system where the hospital and your doctor’s office work together to provide the care and services you need. Hospital-owned clinics also have to meet additional quality standards. “Provider-based facility” is a special Medicare designation that rewards this collaboration and compliance by reimbursing both the hospital and the doctor’s office for your visit. Capturing this additional reimbursement helps us minimize the impact of Medicare reimbursement shortfalls so that we can continue to provide you high quality care.

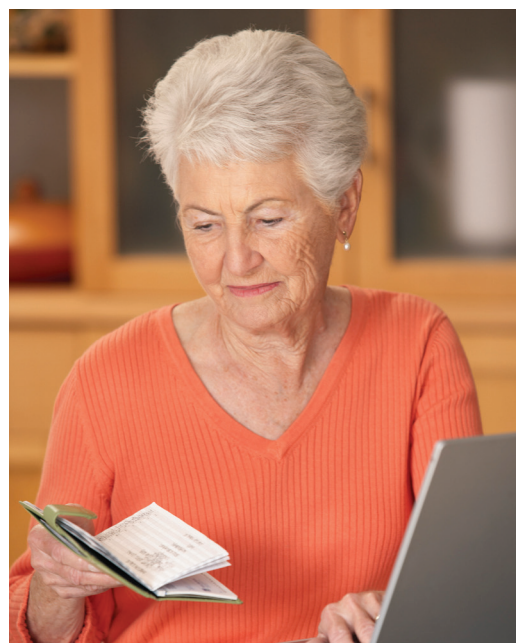
### How Does this Affect My Bill?

All care and services at our office will be provided as a service of MidMichigan Medical Center – Midland. Your bill will come from the Medical Center, and you will make your payments to the Medical Center.

The charge for each service will be **divided into two parts** – a **facility fee** for the hospital and a **provider fee** for the doctor or medical professional. This is similar to the way billing is done in other hospital departments, such as Radiology or Emergency. These charges may appear together on the same bill, or they may arrive on two separate bills for the same visit. You may also receive two Medicare Summary Notices or explanations of benefits for the same visit.

Medicare requires us to bill the hospital fee to Part A and the provider fee to Part B. Depending on your plan, this may result in additional copays and/or deductibles, which could increase your out of pocket costs. Our Customer Service team can help you estimate your costs. You may reach them at (877) 271-3366.

If you have **secondary or supplemental insurance**, we will submit any balance that is not covered by Medicare to that additional insurance plan. If your secondary insurance does not cover the balance, or if you do not have secondary or supplemental insurance, we will bill you for the balance.



### Why do I need to complete a Medicare Secondary Payer (MSP) Questionnaire?

As a participating Medicare provider, we are required to ask these questions that determine whether Medicare or another payer should be the primary payer for your visit.