

Our goal at Coffee Health Group is to process your hospital bill correctly and in a timely manner. To ensure we have the most current information when we bill your insurer, we will need a copy of your identification card for all your insurance contracts. You will also be asked to assign benefits from your insurance company to the hospital, so that we might bill the insurance company on your behalf.

Other Bills You May Receive

The hospital will send you a bill for hospital services. If you had certain tests or procedures, you may also receive a separate bill from the professional organizations providing the service for professional interpretation by a radiologist, pathologist, cardiologist, or another physician. If you required anesthesia, you will receive a separate bill from the professional organization providing the anesthesia service.

The hospital is also responsible for billing certain physician or related professional services (Emergency Room physicians' services, interpretation of EKG tests, services provided by Certified Registered Nurse Anesthetists, etc). These will be shown on separate statements, but will be handled in the same manner as the statements for your hospital services, as noted in this brochure.

*Exceptional People
Touching Lives*



ECM Hospital
Shoals Hospital
ECM East

Please Contact Us Directly with your Questions and/or Concerns...

During your hospital stay, or after your discharge, you may contact a customer service representative/financial counselor at the number below. Depending on your current status, you will be prompted through a series of questions to the appropriate representative handling your statement. You may also request an itemized bill to be mailed to your home by calling the number below:

(256) 768-8323

You may also contact us at
CustomerService@chgroup.org



Coffee Health Group

**ECM Hospital
Shoals Hospital**



**PATIENT
BILLING
GUIDE**

This Patient Billing Guide includes important information about our patient billing practices. We encourage you to call us at anytime at the number listed on the back cover of this brochure, if you have questions about the statements you receive from one of our hospitals.

Frequently Asked Questions

Medicare is the only insurance I have. How will you bill Medicare, and how will I know what I owe the hospital?

If you are covered by Medicare, we will help you identify any inpatient or outpatient deductible and coinsurance amounts that you may owe.

Once you have been discharged and your total charges have been submitted to Medicare, the hospital will send you a letter to keep you fully informed. You will also receive from Medicare a summary statement that confirms when payment has been made to the hospital. After the hospital has applied the Medicare payment to your account, the hospital will then send you a bill for any amount that remains outstanding. Payment will be due within 30 days, unless you have previously made payment arrangements or choose to make payment arrangements at this time.

If you are unable to pay your deductible or coinsurance obligations before discharge, or have a remaining balance due after discharge, please refer to the Financial Assistance Program section, located within this brochure.

I have Medicare and Commercial Insurance. How will you bill my insurances and how will I know if I owe the hospital after my insurances have paid?

If you have commercial insurance secondary to Medicare, once you have been discharged and your total charges have been submitted to Medicare, the hospital will send you a letter to keep you fully informed. When Medicare pays, they will send you a summary which will show how much Medicare has paid the hospital. The summary will also show the balance which the hospital will forward to your secondary insurance for payment. If your secondary insurance does not pay within 60 days, we will send you a statement requesting that you contact your insurance company to determine why they have not paid. If our records do not indicate any reason to allow additional time for payment based on information you have supplied to us, any remaining balance will be your responsibility and is due within 30 days. If payment cannot be made, please refer to the Financial Assistance Program section within this brochure.

I have Medicare and Medicaid. How will you bill my insurances and how will I know if I owe the hospital after my insurances have paid?

If you have Medicare and Medicaid insurance, once you have been

discharged and your total charges have been submitted to Medicare, the hospital will send you a letter to keep you fully informed. You will receive from Medicare a summary statement that confirms when payment was made to the hospital. After the hospital has applied the Medicare payment to your account, the hospital will then send a bill to Medicaid for payment. If Medicaid requires you to make copayments for the services you received, we will notify you of your amount due the hospital, based upon Alabama Medicaid coverage guidelines.

Medicare with Non-Covered Services (ABN). How are my bills processed?

Medicare will only pay for services that it determines to be "reasonable and necessary" as stated in Section 1862 (a) (1) of the Medicare law. If Medicare determines that a particular service, although it would be otherwise covered, is "not reasonable and necessary" under the Medicare program standards, Medicare will deny payment for that service. At the time the service is to be rendered, you will be asked to sign an Advance Beneficiary Notice (ABN), which identifies the services that may not be covered and for which you may be personally and fully responsible for payment.

I have Commercial Insurance. How will you bill my carriers and how will I know if I owe the hospital after my carriers have paid?

The hospital will confirm your commercial insurance coverage, including any deductible and coinsurance amounts that you are required to pay.

The hospital will bill your commercial insurance following your discharge. Your commercial insurance will send you an explanation of benefits summarizing the payment and your account balance. After applying the commercial insurance payment, the hospital will send a claim to any applicable secondary insurance or will send you a bill for any amount your commercial insurance states you owe. Payment is due within 30 days unless you have previously made payment arrangements or choose to make payment arrangements at this time.

If you are unable to pay these amounts before you leave the hospital, or discover after discharge that you need financial assistance, please refer to the Financial Assistance Program section located in this brochure.

I am uninsured (have no insurance). How will you bill me?

If during the admission process we determine you are uninsured, the hospital will provide an estimate of expected healthcare charges based on service anticipated to be rendered. At this time, one of our financial counselors will be available to discuss prompt payment discounts available for payment in full. Prompt Pay Discounts are available for payment in full up to 60 days after discharge. If you are not able to take advantage of the prompt payment discount, the financial counselor will be available to discuss other payment options or potential eligibility for hospital financial assistance

program. Please reference the Financial Assistance Program and the MedAssist, Inc. paragraph(s) in this patient billing guide.

How will unpaid account balances due from patient/guarantor be handled?

If after 30 days from the date insurance has paid on your account, we have not received your payments for the deductibles and coinsurance amounts, and we have not received your request for consideration for payment options or hospital financial assistance, your account will be sent to our Extended Business Office for additional collection efforts.

In cases of no insurance, it is very important to pay your account balance which is eligible for a discount, make payment arrangements with hospital financial counselor, or submit application for financial assistance within 30 days of services rendered to avoid additional collection efforts.

Financial Assistance & MedAssist

Financial Assistance Program

Patients with balances due resulting from limited or no insurance coverage may qualify for our charity care or financial assistance program. The hospital uses poverty income guidelines issued by the US Department of Health and Human Services to determine a person's eligibility for indigent care. Full or partial eligibility is determined by documented family income and family size. The patient is responsible for providing information requested during the qualification process. The fully completed application and requested supporting documentation must be returned to the hospital within 14 days of patient's request for application. A determination letter will be mailed to you within 14 days after receipt of the completed financial assistance application. If you have been approved for financial assistance in the last 90 days, you may request that approval to apply to a new account by calling one of our financial counselors. This application is appropriate for patients meeting financial eligibility that have no insurance, or for patients who have remaining balances or copayments due following the payment by insurance carriers. If you think you may be eligible for financial assistance, please contact one of our financial counselors (see phone number on the back of this Patient Billing Guide).

MedAssist, Inc.

Coffee Health Group understands how difficult it can be for patients who have no insurance coverage. For this reason, the hospital has contracted with MedAssist, Inc., an organization of social service specialists to help determine if you are eligible for any local, state, or federal assistance programs. *This service is at no cost to you.* Brochures with more information about MedAssist are available at all registration areas. Also, a MedAssist representative can be reached at (256)768-8345.