

### **Scheduled for Surgery**

Once you are scheduled for surgery, we will contact you to register you for surgery. Registration is handled one of three ways:

- We call you.
- Via MyChart on the Internet; if you are a MyChart user, when you are scheduled for surgery, you will see a notice from us that we need to register you.
- At your Pre-Admission Testing Appointment

The registration process is critical because it lays the foundation for a smooth billing process.

If we do not have accuracy in your details, then we are unable to verify your insurance information.

### **Registration/Insurance Verification Process**

Once your surgery is scheduled and your registration is verified, we have a team that contacts your insurance company to verify that your insurance coverage is active and to verify your benefits.

During the insurance verification process, the Cleveland Clinic determines

- Co-Payment
- Co-Insurance
- Referral
- Pre-Certification
- Lifetime Maximum Benefit
- Pre-Existing Conditions
- Medicare Days

It is recommended that you contact your insurance company to confirm your benefits prior to your surgery.

### **Notification of Estimated Out-of-Pocket Expenses**

Once we have verified your insurance and identified any out-of-pocket expense such as: co-payment, co-insurance, or deductible, we will contact you to notify you of your co-payment expense.



**Surgery: Co-Pay/Estimated Co-Insurance/Deductible Due**

As a third party to your insurance benefits, we are responsible for collecting your co-pay before or on the day of your surgery.

We can take your payment over the telephone or at the time of service, when you arrive for your surgery. Payment methods include: cash, check, or money order and all major credit cards.

**Claim Sent to Your Insurance Company**

After your surgery, we will send a claim to your primary insurance company. The claim lists what was done and it serves as a bill for the services that were performed.

Your insurance company will review the claim and will respond to us with an approval or a denial.

An approval means that your insurance will pay the claim according to the benefits of your policy but not including any amounts that they consider to be your responsibility, such as: co-pays, co-insurance, or deductibles.

A denial means that your insurance will not pay the claim or part of it and it could be for a number of different reasons.

Having all of your current registration and insurance information and verifying this with the insurance company prior to your surgery is how we minimize denial.

**Explanation of Benefits (EOB)**

The insurance company reviews the claim we send to them to determine your benefits.

If another insurance company is involved, the insurance companies coordinate benefits to determine which plan is responsible for charges.

You may receive a printed EOB or you can view it online. Most insurance companies provide EOBs online for your viewing.

An EOB lists:

- The patient and the services provided.
- The amount we charged (the provider).
- The amount of the charges that are covered and not covered under your plan.
- The amount paid to us.
- The amount you are responsible for.

Keep in mind that an EOB is not a bill. An EOB explains what was covered by your insurance. We will bill you separately for any charges that you might be responsible for.



## Itemized Statement

If you are having your surgery done at one of our hospitals in the West or East, you will receive multiple separate bills and an itemized statement from us, detailing for you what was sent to your insurance company.

### Western Region Hospitals

- Fairview
- Lakewood
- Lutheran
- Marymount

### Eastern Region Hospitals

- Euclid
- Hillcrest
- Huron
- South Pointe

If you are having your surgery done at the Main Campus, the first monthly statement that you receive after your surgery will include the itemized, detailed description of charges. Statements that follow that will not be itemized but will be totaled.

## Payment Due

If the Explanation of Benefits from your insurance company identifies a patient responsibility, we will indicate this amount due on your statement if it was not collected prior to the service being rendered.

There are a number of different payment options available to you.

- Online Bill Pay-MyAccount
- Submit Check with Payment Stub.
- Submit Credit Card information with Payment Stub.
- Call in your payment information.

## Support

If you have any questions about your statement, please contact us. We always include a contact number on your statement. Also, our contact information is printed on the Quick Reference Card.

