

# What to expect during the Billing Process

After you or your dependent receives care at Divine Savior Healthcare, we will send a claim to your insurance company to pay your bill. We will do everything we can to minimize your financial burden by billing on your behalf. You may receive separate billing statements for your health care services. These may include a billing statement for:

- **The hospital fee (commonly known as facility fee)**
- **The physician fee (commonly known as professional fee)**
- **Radiology**
- **Lab**

For example, if your child has outpatient surgery, you may receive a billing statement for the physician's fees from the surgeon, one for the hospital charges, and one for anesthesia. If your child sees a physician in an outpatient clinic and has lab work, you may receive a statement for the physician's fees and one for lab fees.

## How You Can Help:

Please have current proof of insurance, Medicare or Medicaid coverage available.

When registering, please provide your current demographics and information.

Be prepared to pay your copay for services.

Your insurance company may ask you to provide more information. If so, please respond quickly and let us know the information you've provided to the insurance company so we can update our records.

1. We may ask you to contact your insurance company.
2. If you do not receive an explanation of benefits from your insurance company within 45 days, please contact them to find out the status of your claim.

When you receive a billing statement, please pay your bill promptly. Enclose the billing stub with your payment. You also have the option to pay your bill online.

If you have any questions, contact the Billing Office. Have your account number and most recent statement available.

### Financial Counseling & Concierge

If you are worried about paying your medical bills or if you have no health insurance, we can help! Please talk to one of our financial counselors: **608-745-5640** or **608-745-5650**.

## Billing Process:

Every time you visit for health services, we will ask you for current health insurance and demographics. Please be prepared to pay your copay.

STOP

We process your account based on information provided when you were registered. We will then bill your insurance company(ies).

We may send you a billing statement for non-covered charges.

We wait for payment from your insurance company. If payment is not received in a reasonable amount of time, we may contact your insurance company again.

After your insurance company has processed your claim, we may send you a billing statement from Divine Savior for the remaining balance, if any.

We may ask for your help if we have a problem processing your claim with your insurance company.

**Divine Savior**  
HEALTHCARE

## Contact Info

### Billing:

Hospital (facility fees) Billing: 608-745-5604

Clinic (physician fees) Billing: 608-745-5688

### For Price Quotes/Benefits:

Concierge 608-745-6239

For Online Bill Payments: [www.dshealthcare.com](http://www.dshealthcare.com)

## Common Billing Terms/Definitions

**Copayment** — one of the ways you share in your medical costs. You pay a flat fee for certain medical expenses (e.g., \$10 for every visit to the doctor), while your insurance company pays the rest.

**Deductible** — the amount of money you must pay each year to cover eligible medical expenses before your insurance policy starts paying.

**Co-insurance** — the amount you pay to share the cost of covered services after your deductible has been paid. The co-insurance rate is usually a percentage. For example, if the insurance company pays 80% of the claim, you pay 20%.

**Exclusion or Limitation** — any specific situation, condition, or treatment that a health insurance plan does not cover.

**Explanation of Benefits** — the health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs you are responsible for.

**In-Network Provider** — a healthcare professional, hospital, or pharmacy that is part of a health plan's network of preferred providers. You will generally pay less for services received from in-network providers because they have negotiated a discount for their services in exchange for the insurance company sending more patients their way.

**Out-of-Network Provider** — a healthcare professional, hospital or pharmacy that is not part of a health plan's network of providers. You will generally pay more for services received from out-of-network providers.

**Out-of-Pocket Maximum** — the most money you will pay during a year for coverage. It includes deductibles, copayments, and co-insurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.

### STATEMENT:

**You as the patient (or as the guardian for the patient) are responsible for directly contacting your insurance provider to understand your benefit status for services provided. As a courtesy to our patients, we provide insurance verification to help you plan for your service or procedure. If there is a conflict between the information you receive and the terms of the plan, the terms of the plan will hold precedent. Final determination of coverage and patient responsibility is made when the claim is received and processed.**

