

Medicare Beneficiary Notice of Potential Hospital Co-Insurance Liability

This facility is an outpatient department of Memorial Hospital for Cancer and Allied Diseases (or Memorial Hospital). When Medicare patients receive care at a hospital department that is not located on the hospital's main campus, Medicare requires us to give you written information about your bill.

“Co-insurance” is the portion of health care bills that you are responsible to pay. When you receive care at this facility, you will generally be responsible for co-insurance from Memorial Hospital and a co-payment for the bills from Memorial physicians who provide services to you. You will receive separate bills from the Hospital and from the Physician Billing Department. If you received these services in a private physician's office instead of an outpatient hospital setting, you would only be responsible for the co-payment for the physician services. The amount of your co-payment for Memorial physician bills, however, may be somewhat lower than it would be at a private physician's office.

Medicare requires Memorial Hospital to provide you with this information, along with an estimate of the amount of the co-insurance you will owe Memorial Hospital for certain services that you receive.

Below is our estimate of your hospital co-insurance for the services that have both a hospital and physician charge that you may receive today.

- You will have a visit or consultation with a Memorial Physician. For this service, most patients will have a hospital co-payment of \$22.00.
- About 20% of new patients will have hospital co-insurance for pathology services, in addition to the hospital co-insurance for the physician visit. Most patients bring slides from the outside for review by our pathologists and a small number of these require special tests for which there is a hospital charge. Also, a small number of patients have a biopsy on their first visit. Of the patients who have pathology co-insurance, most will have a hospital co-insurance of \$16 but, depending upon the tests performed, it may be over \$250.
- In addition to the hospital co-payment for the physician visit, about 20% of new patients also have hospital co-payments for radiology services. Of patients who have these charges most will have a hospital co-insurance of \$26, but depending upon the tests performed, it could range from \$12 to over \$500.

Please note that these are estimates. The actual services you receive may result in different hospital co-insurance amounts. In general, the average hospital co-insurance for new patients for services that include both a hospital and physician charge is \$88. Most new patients have total hospital co-payments of \$22.00 but for some patients, it can range to over \$500.

*Note that these estimates include only your co-insurance for hospital services and do not include estimated co-payment amounts for physician services or annual Medicare deductibles.

If you have supplemental insurance coverage, we will automatically bill your secondary insurance for the hospital co-insurance. The amount paid by your secondary insurer will vary, depending upon the kind of plan.

If you have any questions, please contact the please contact our Patient Billing Services Department at (646) 227-3378 or (866) 248-1274 Monday through Friday between the hours of 8:00 a.m. and 4:30 p.m..