

## Patient Billing Frequently Asked Questions

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### Why would I get more than one bill for the same service?

Your Dermatology visit will either be a hospital outpatient location or a physician office.

If seen at a hospital outpatient location, there will typically be two charges. You will be charged for the physician's examination, which is usually covered by your co-payment. You will also be charged by the hospital for use of hospital space, equipment and support staff. This is commonly known as "Facility Fee." Your health plan may apply these hospital charges to your annual deductible, and after using up your deductible, you may be responsible for a co-insurance payment (usually a percentage of the charges). We will send you a bill if there is any unpaid balance after we receive payment from your insurance company.

When your visit takes place in a physician office, you will usually be charged only for the physician's examination, and your co-payment will usually be your only out-of-pocket cost. We will request payment of your co-payment when you check-in for a visit.

### What if I have a procedure or additional tests?

No matter the location, if a procedure is performed during the visit, you may have further out-of-pocket costs for additional physicians' services and for use of the hospital facilities and staff, even if the procedure was performed in the same exam room as the visit with the physician. Your health plan may apply these additional physician and hospital charges to your annual deductible, and after using up your deductible, you may be responsible for an additional co-insurance payment.

If your physician ordered laboratory tests or imaging services (such as x-ray, CT or MRI), you may be billed for these tests by the hospital, clinical laboratory, or imaging center, and you may also be billed for the services of the physicians (usually pathologists and radiologists) who interpreted the test results.

### How much will my visit cost?

It is your right to receive an estimate of the cost of your visit in advance of the visit. Please contact Partners Patient Billing Solutions (see reverse for contact information) at least two business days prior to your visit to get obtain an estimate. Please have as many details as possible about the upcoming visit, including the provider name, location and details of the planned service or procedure.

#### **IMPORTANT:**

- Routine Dermatology procedures may be considered outpatient surgery by your insurance. These could include cryotherapy ("freezing"), biopsies, injections and other Dermatologic procedures.
- Some Dermatological procedures that do not pose a threat to health are typically **not covered** by your insurance. These may include, but are not limited to, skin tag removals, wart treatments or corn and callous treatments.
- Elective cosmetic procedures require payment at the time of your service.
- **We realize Dermatology billing can be complex. Unfortunately, some insurers place significant restrictions on what they will pay for and we are bound by that. Ultimately, if you are not satisfied with your coverage or costs, changing your insurance may be your best option.**

### What is a deductible?

Deductibles are the yearly expenses you pay before your health insurance pays anything. For example, each year you pay the first \$1,000 of your health care bills before your health insurance pays anything. **In many cases, bills with a large patient balance are often a result of your deductible being applied to the visit.**

*(continued on reverse)*

**What is a referral and prior authorization?**

For both physician office and hospital outpatient visits, your health insurer may require you to get a referral or authorization prior to your visit. In addition, our providers may be considered “In Network” or “Out of Network” depending on the specifics of your health insurance plan, which could affect the amount you pay.

**What is a tiered service?**

If you are a member of an insurance plan that uses a tiered system for providers and hospitals, please contact your insurance provider to understand your financial obligation for both the provider and the hospital where you receive your care. Many insurance plans will require you to pay different co-payments and out-of-pocket expenses according to which tier your provider is assigned, as well as which tier the hospital is assigned.

**What is an Explanation of Benefits (EOB)?**

An EOB is the notice you receive from your insurance company after getting medical services from a doctor or hospital. It tells you what was billed, the payment amount approved by your insurance, the amount paid or denial reason, and what you have to pay.

**Why would I be charged a Co-payment for services during a post-procedure (i.e., suture removal) visit?**

Co-payments are set amounts you pay when you go to a health care provider and usually collected at the time of visit. Co-payment amounts are listed on your health insurance card.

If the provider addresses additional health issues that you may have, an additional visit code might be billed and your insurance may apply a co-payment to this part of the visit. The staff do not know at the time of check in what services will be provided during your actual visit, as this is between you and your provider. If there is a co-payment you will be billed.

**Why did I receive a bill?**

- You don't have health insurance.
- We were unable to determine your active coverage.
- The service you received is not covered by your insurance.
- You have a co-payment, co-insurance, or deductible that you did not pay at your visit.
- You did not get a required referral from your doctor.
- You received care outside your provider network.
- You used up your insurance benefits. (Some health insurance companies limit coverage.)

**What Dermatology practices are hospital based?**

- Brigham Dermatology Associates at 221 Longwood Avenue, Boston
- Brigham Dermatology Associates at 850 Boylston, Chestnut Hill
- Mohs and Dermatologic Surgery Center, Jamaica Plain
- Fish Center for Women's Health at 850 Boylston, Chestnut Hill

***It is your responsibility to know what is covered by your individual insurance plan.*** We are unable to keep track of all the different plans of each insurer. Calling your insurance company before a visit may help you understand what is covered and what is not. We are required by law to bill according to the services that are rendered by your physician and we cannot alter our billing to get you coverage for things your insurance will not cover.

**If your insurance company does not answer all of your questions, please contact Partners Patient Billing Solutions:**

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