Understanding Atrium Health Outpatient Care and Billing

Standalone vs. Hospital-Based Practices

As a patient, you may be seen in outpatient offices for primary care or for specialty care, such as dermatology, neurology, gastroenterology, oncology or others. **It is very important to understand the differences in billing and patient financial responsibility** when receiving care at Atrium Health in a standalone physician's office vs. a hospital-based practice. Your out-of-pocket responsibility can be very different if you are an insured patient.

1. **Standalone Physician Outpatient Offices:** This is a physician's office that is not considered a department of the hospital. Most Atrium Health offices fall into this category.

2. **Hospital-Based Outpatient Practices:** Although this type of practice may look and feel like a standalone physician's office, it is considered a department of the hospital. Operating under stricter government rules, these practices are more complex and costly to operate than a standalone physician's office. They are sometimes referred to as provider-based and are required to have provider-based billing. This refers to the way federal payers, like Medicare or Medicaid, recognize the outpatient practice and require them to follow hospital standards of care and to bill for those services as a department of the hospital.

   NOTE: All our hospital-based practices should have a sign on the outside of the building that indicates it is hospital-based. For example, the facility name would include "a facility of Carolinas Medical Center."

Different Types of Billing

1. **Private-Practice Billing:** Usually, all services provided at standalone physician offices are billed on one claim, submitted to your insurance carrier and may be subject to deductibles and/ or coinsurance.

   EXCEPTION: Some lab services may be referred outside of the physician's office. In that case, a separate claim for those lab services is submitted.

2. **Hospital-Based Billing:** Services in a hospital-based practice are billed separately, submitted to your insurance carrier and may be subject to deductibles and/or coinsurance. This is also sometimes referred to as provider-based billing.
   - Physician/professional charges for exams, consultations, reading of tests/X-rays and surgical procedures are submitted on one claim.
   - Hospital facility charges for equipment, supplies, pharmacy, labs, X-rays, etc. are submitted on a separate claim.
   - If lab services are referred to a different hospital laboratory location that is outside of the hospital-based practice, those charges are submitted on another claim.

Hospital-Based Billing and Insurance Coverage

Depending on your health insurance plan, you may have higher out-of-pocket costs when receiving outpatient care at a hospital-based practice. Any amount you owe will be based on the specific services you receive and your insurance plan benefits. You will be responsible for any copays, coinsurance or deductible amounts for both the hospital/facility charges **and** physician/professional services after insurance has paid.

Medicare or Medicare Advantage coinsurance (out-of-pocket) costs are based on Medicare's rates for each of the 2charges: hospital/facility and physician/professional.
- Medicare patients have a higher coinsurance amount for services at a hospital-based practice.
- Medicaid patients pay 2 copayments, 1 for hospital/facility charges and 1 for physician/ professional services.

Private insurance payers, such as Blue Cross Blue Shield, United Healthcare or Cigna, process provider-based bills under hospital benefits that are subject to deductibles and coinsurance. This could result in higher out-of-pocket expenses.

Questions or Concerns?

Most of our outpatient offices honor patients who are eligible for services under our Financial Assistance Program. Our customer service representatives are available to help you understand your medical bills, discuss payment options and provide accurate estimates for out-of-pocket expenses.

If you have questions or are having difficulty paying for health care services, please contact our Customer Service Center at 704-512-7171 or 844-440-6536, Monday through Friday between 8 a.m. and 5 p.m.