

Hospital Outpatient Clinic Based Locations

When you receive services in one of our hospital outpatient clinic based locations, you will receive two separate charges from HonorHealth. Your billing statement will show clinic outpatient visit or a telehealth visit charge under the **Facility Services** section of your statement. You will also receive a separate charge for the **Professional Services**, which will show with the performing physician's or clinical professional's name. The statement of charges will show services in two categories as noted below:

- **Facility Services:** Covers the overhead for the facility including nursing, registration, equipment, supplies, building, etc. The clinic outpatient or telehealth visit charge will be shown here.
- **Physician and Clinical Professionals:** Covers your doctor's services, treatment or procedures performed, and does not include any costs for overhead.

The facility charge is the result of HonorHealth's physician offices and outpatient clinics being classified as hospital outpatient departments, also called provider-based facilities.

Provider-based billing applies to all patients, regardless of the type of insurance you have. The way your insurance covers these charges may be different, based on whether you have insurance through your employer, other insurance company or if you are covered by Medicare.

How this affects you if you are covered by your employer health plan or other insurance (not Medicare): The way your insurance company handles these charges will vary based on your health plan. Some insurance companies may apply these charges to your annual deductible, coinsurance, and or co-pays. To find out what will be covered, contact your insurance company. If you have additional questions, please contact one of our financial counselors.

How this affects you if you have Medicare:

- The **Facility Charge(s)** will be billed to Medicare Part A and processed according to your Part B benefits.
- The **Physician and Clinical Professional charge(s)** will be billed and processed according to your part B benefits.

You will receive two Medicare Summary Notices (MSNs), one for Part A and one for Part B:

- If you have secondary insurance, we will submit any balance to that insurance company.
- If your secondary insurance does not cover the remaining balance or if you do not have secondary insurance, the balance will be billed to you.

Patient Signature
(Or their representative and Relationship to patient)

Date