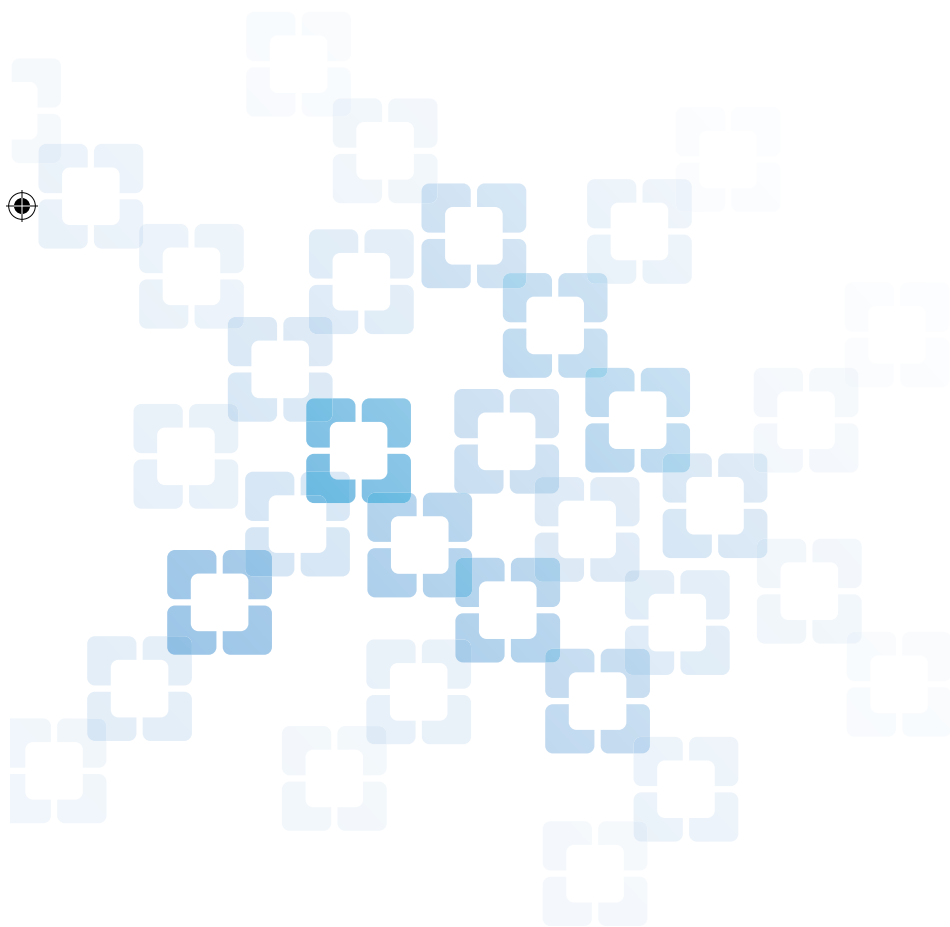




Your Financial Journey with Cleveland Clinic



Thank you for choosing
Cleveland Clinic for your
healthcare needs. We
appreciate the confidence
you have placed in us.

The purpose of this brochure is to address
common questions related to insurance, billing,
and financial assistance for our services.
Please let us know if we can answer additional
questions to help make the financial side of
your experience with us as easy as possible,
so you can focus on your health and wellness.

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Preparing for your Visit

To help ensure a smooth billing process, we encourage you to take these steps **before** your visit at Cleveland Clinic:

- ☐ Confirm that your insurance is accepted at Cleveland Clinic.
- ☐ Check your insurance plan to find out what is and isn't covered.
- ☐ Confirm the copay amount for your visit, as well as any unmet deductible amount.
- ☐ Be aware of your coinsurance, if applicable, and out-of-pocket maximum.
- ☐ Update your coordination of benefits with your insurance plan.
- ☐ If you do not have insurance, review our Financial Assistance options at clevelandclinic.org/billingresources.

How can I find out if my insurance is accepted at Cleveland Clinic?

- Look for your insurance plan on our Accepted Insurance list at clevelandclinic.org/billingresources.
- Ask a scheduler if your insurance is accepted when you call to schedule your visit or procedure.
- Call your insurance company to find out if it has a contract with Cleveland Clinic.

How do I find out if services will be covered by my insurance?

- Check your insurance plan to find out what is and isn't covered.
- If your service requires prior authorization, Cleveland Clinic will work with your insurance company to initiate the authorization.
- If your insurance company does **not** approve the service, we will notify you. If you choose to proceed with the service, you will be required to make payment arrangements for charges **not** paid by your insurance.

How do my deductible, coinsurance, copay, and out-of-pocket maximum work together?

- If your plan has a deductible, you are responsible for 100% of your medical costs until your deductible is met. Anything you pay out of pocket, such as the remaining balance on your bill, counts toward your deductible. Note that monthly premiums do **not** count toward your deductible.
- Once you have reached your deductible, your insurance plan will begin to pay for some of the costs. The amount you pay is your coinsurance.
- Once you have reached your out-of-pocket maximum, your insurance plan pays for 100% of your medical costs.
- You may still have to pay copays even after reaching your out-of-pocket maximum.

Example: Cindy's plan has a \$1,200 deductible, 20% coinsurance and \$3,000 out-of-pocket maximum. Her insurance plan has some copays for certain services.

January



Cindy hasn't reached her \$1,200 deductible yet. Her plan doesn't pay any of the costs.

Office Visit: \$200
Cindy pays: \$200
Insurance pays: \$0

December



Cindy has reached her \$1,200 deductible and coinsurance begins. Her plan pays some of the costs.

Office Visit: \$200
Cindy pays: 20% of \$200 = \$40
Insurance pays: 80% of \$200 = \$160



Cindy has reached her \$3,000 out-of-pocket maximum. Her plan pays the full cost of her covered services for the rest of the year.

Office Visit: \$200
Cindy pays: \$0
Insurance pays: \$200

Should I expect to receive an estimate?

- If you have an accepted insurance plan, you will receive an estimate for surgeries and diagnostics, like CT scans and MRIs, at the time of scheduling.
- You can also request an estimate from a Patient Financial Advocate.
- If you do **not** have coverage, or your coverage is **not** accepted at Cleveland Clinic, you will receive an estimate for all services.
- You can produce your own estimate for certain services through our self-service estimate tool at clevelandclinic.org/costestimate.

What are my options for Financial Assistance?

- If you do **not** have insurance, or are recently unemployed and no longer are covered by insurance, you may qualify for financial assistance. Even if you have insurance, financial assistance may be available under certain circumstances.
- Our Patient Financial Advocates and our Customer Service staff will be glad to tell you about our financial assistance programs and how to apply for them.
- A summary of the Cleveland Clinic financial assistance policy and application can be found at clevelandclinic.org/billingresources.
- The policies listed here are only applicable to their intended location and do not apply to all Cleveland Clinic facilities.

Definitions

Coinsurance: The amount a patient must pay for covered healthcare services after they have satisfied the deductible required by their health insurance plan. Coinsurance is typically in the form of a percentage of the charges for a service.

Coordination of Benefits: The process of determining which of two or more insurance policies will have the primary responsibility of paying a medical claim.

Copay: A fixed amount that the patient is expected to pay at the time of service for their care based on the requirements of their health insurance plan. The amount of the copayment may vary based on the visit type.

Deductible: The amount a patient owes for covered healthcare services before their insurance company begins to share the costs. Deductibles are different for individuals vs. families. Out of network deductibles are generally separate and higher than in-network deductibles.

In Network Insurance: Insurance coverage that is contracted with Cleveland Clinic. Also known as Accepted Insurance, Contracted Insurance.

Out-of-Network Insurance: Insurance coverage that is **not** contracted with Cleveland Clinic. Also known as non-Accepted Insurance, non-Contracted insurance.

Out-of-Pocket Maximum: The maximum a patient will have to pay for medical expenses in a plan year. Deductibles, copays, and coinsurance all contribute to the out-of-pocket maximum. After reaching the out-of-pocket maximum amount, the insurance plan begins to pay 100% of covered visits.

Premium: The amount a policy-holder or their employer pays for insurance coverage when he/she purchases health coverage. Monthly premium costs do **not** count toward deductibles.

What to Expect During your Visit

Please bring the following items with you when you arrive for every visit at Cleveland Clinic:

- ☐ Your most recent insurance card(s)
- ☐ Photo identification
- ☐ Payment for your copay, deductible, or estimate – if applicable

What will I owe at the time of my visit?

- Copays are due at time of service, per your insurance plan.
- If an estimate was provided to you prior to your visit, a portion of that amount may be requested at the time of service.

- If you have any outstanding balances, you may be asked to pay your balance or make payment arrangements.

My Primary Care Physician wants me to see a Specialist. How do I know if I'll be covered?

- Check with your insurance company.
- Many insurance plans require a referral from a Primary Care Physician before they will cover a visit to a Specialist.
- If a referral is required by your insurance company, get one from your Primary Care Physician before scheduling an appointment with a Cleveland Clinic Specialist.

What should I expect if I am placed in Observation Status?

- Insurance companies require that Cleveland Clinic bill all Observation status care as outpatient services.
- This means that your outpatient benefits will apply and your copay, coinsurance, and/or deductible may apply to these services.
- You will be notified upon change of status to Observation.
- If you have questions about how your insurance plan treats observation services, please contact your insurance company.

Definitions

Observation Status: Observation status is considered an outpatient service and falls under outpatient benefits. In observation, clinical staff will closely monitor a patient for several hours or days.

Primary Care Physician (PCP): A health care professional who is responsible for monitoring a patient's overall health care needs.

Specialist: A health care professional who is responsible for specific types of care (cardiologist, ophthalmologist, etc).

After you Receive Care

When will I receive a bill?

- If your insurance determines that you are financially responsible for a portion of services, based on your deductible and coinsurance, you will receive a Cleveland Clinic billing statement.
- You will receive a billing statement only after your services have been processed by your insurance company.

Will I receive one bill for all services provided at Cleveland Clinic?

- Nearly all of the Cleveland Clinic sites are on a single billing statement. However, there are services that continue to bill separately, for example some physicians who practice at our community hospitals, some radiology, anesthesiology, and certain laboratory services.
- If you were transported by ambulance or helicopter, you may receive a separate bill from the medical transport company.
- You may also receive an Explanation of Benefits (EOB) from your insurance company informing you of claims submitted, how much is being covered by the insurance company, and how much you will owe.

Why are there two charges for the same service listed on my bill?

- One charge is for the professional services provided by your physician.
- One charge is for the facility, which covers the use of the room and any medical or technical supplies, equipment and support staff.

How do I make a payment?

- You can pay your bill in person at any of our check-in desks, cashier offices or with our Patient Financial Advocates.
- Pay by phone at **216.445.6249** or toll free at **866.621.6385**.
- Pay electronically at clevelandclinic.org/payonline.
- Pay by mail using the detachable portion of your billing statement.

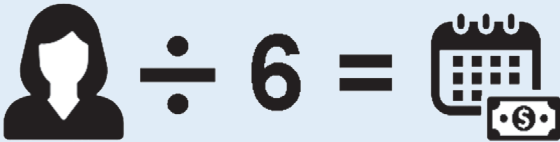
What forms of payment do you accept?

- Cash, check or money order
- All major credit cards
- Electronic checks
- Payroll deduction (Cleveland Clinic employees only)
- Health Savings Account (HSA)

If I am unable to make full payment immediately, can I set up a payment plan?

- Yes, please contact Customer Service at **216.445.6249** or toll free at **866.621.6385** to learn more about zero interest payment options.
- The length of each payment plan varies based on the total balance due.

Example: Cindy owes \$400 and calls Cleveland Clinic to set up a 6-month payment plan.



Cindy's balance of \$400	6 month payment plan	\$66.67 owed per month
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What if I have questions about my bill?

- If you have a question about a charge on your billing statement, Cleveland Clinic Customer Service is here to help. Please call **216.445.6249** or toll free at **866.621.6385** to seek assistance. You can also send in written correspondence to:

Cleveland Clinic
Customer Service
9500 Euclid Avenue RK2-4
Cleveland, OH 44195

- Follow a visual guide to understanding your billing statement at clevelandclinic.org/billingresources.

How do I request an itemized statement?

- Itemized statements can be requested by calling **216.445.6249** or toll free at **866.621.6385** and following the voice prompts or by talking to a Customer Service Representative.

Definitions

Explanation of Benefits (EOB): The insurance company's written explanation of a claim, showing what they paid and what the patient must pay.

Non-Staff Physician: A non-Cleveland Clinic physician providing services in a Cleveland Clinic facility.

Physician/Professional Charges: Charges for the healthcare professional who performed the services.

Technical/Hospital Charges: Charges for the actual procedure, room, supplies and equipment.

Medicare Information

Below are some common questions and answers about Medicare. For more detailed information, please visit the Medicare website at [medicare.gov](https://www.medicare.gov) or call **1-800-Medicare**.

What is a Medicare Wellness Visit?

- If you've had Medicare Part B for longer than 12 months, you can have an Annual Wellness Visit once every 12 months.
- You and your provider will complete a Health Risk Assessment and develop a personalized prevention plan to help you stay healthy.
- You pay nothing for this visit, however the Part B deductible may apply if your doctor performs additional tests or services during the same visit.

- To understand the limitations of a free Medicare Wellness visit, please visit [medicare.gov](https://www.medicare.gov).

How will I be covered if I am placed under Observation status as a Medicare patient?

- Observation status is **not** considered a hospitalization and does **not** affect your Medicare Part A benefits. No hospital days are used and the Part A deductible is **not** required.
- Observation status is covered by Part B, and the annual deductible and copay apply.
- Medicare does **not** pay for self-administered drugs while you are in observation status.

Why am I being asked to sign an Advance Beneficiary Notice (ABN)?

- Sometimes, Medicare will **not** pay for tests even if your doctor believes they are medically necessary.
- When that happens, Cleveland Clinic must ask the patient to pay for these services.
- Signing the ABN is an acknowledgment of Medicare's possible non-coverage and your financial responsibility.
- For more information, visit [medicare.gov/coverage](https://www.medicare.gov/coverage).

Definitions

Advance Beneficiary Notice (ABN): A notice a provider gives a patient before receiving a service if, based on Medicare coverage rules, the provider has reason to believe Medicare will not pay for the service. The notice includes the estimated cost to the patient.

Observation Status: Observation status is considered an outpatient service and falls under outpatient benefits. In observation, clinical staff will closely monitor a patient for several hours or days.

Self-Administered Drugs: Medications that you would normally take on your own, like medications that you take every day to control blood pressure or diabetes.

Contact Information

Appointment Scheduling

- Ohio: **866.320.4573**
- Florida: **877.463.2010**
- Nevada: **702.483.6000**

Patient Financial Advocate

- Ohio/Nevada: **855.831.1284**
- Florida: **954.689.5610 Option 2**

Customer Service

216.445.6249 or toll free at **866.621.6385**

More billing and financial assistance information is available on the Cleveland Clinic website at clevelandclinic.org/billingresources.



Every life deserves world class care.

9500 Euclid Ave., Cleveland, OH 44195

Cleveland Clinic is a nonprofit, multispecialty academic medical center integrating clinical and hospital care with research and education for better patient outcomes and experience. More than 3,900 staff physicians and researchers in 180 medical specialties provide services through 26 clinical and special expertise institutes. Cleveland Clinic comprises a main campus, 11 regional hospitals and more than 150 outpatient locations, with 19 family health centers and three health and wellness centers in northern Ohio, as well as medical facilities in Florida, Nevada, Toronto and Abu Dhabi. Cleveland Clinic is currently ranked as one of the nation's top hospitals by *U.S. News & World Report*.
clevelandclinic.org

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