Frequently Asked Questions:

1. How much will I have to pay out of my pocket?

- If you have health insurance, you will need to pay the deductible, copay and/or coinsurance set by your insurance company. If you have reached your maximum out of pocket or met your deductible for the year or if you have secondary insurance coverage that provides additional coverage, you may not owe anything. Your financial obligations could differ depending on whether the hospital or physicians are "out-of-network," meaning the insurance company does not have a contract with them. Please contact your insurance company or patient financial advocate to understand what your financial obligations will be.

- If you do not have health insurance, we will discuss governmental or financial assistance options available in accordance with Cleveland Clinic’s financial assistance programs.

2. What does my health insurance pay?

Insurance companies such as Medicare, Medicaid, workers' compensation, commercial health insurance, etc., do not pay charges. Instead, they pay a set price that has been predetermined or negotiated in advance. Every insurance company pays the hospital differently based on their contract. You only pay the out-of-pocket amounts set by your insurance company.

3. What do the following health insurance terms mean?

**Deductible** means the amount you need to pay for health care services before the insurance company begins to pay. The deductible may not apply to all services.

**Copay** means a fixed amount (for example, $20) you will have to pay for a covered health care service. This is paid at the time receive your care, either physician office visit, radiology exam or outpatient or inpatient surgery.

**Coinsurance** means the percentage you pay for a covered health service (for example, 20% of the bill). This is based on the amount your insurance company determines is the allowed amount for the service. You pay coinsurance plus any deductibles and copays you may owe.

Your specific health care plan coverage, including the deductible, copay and coinsurance, varies depending on what plan you have selected. Insurance companies also have differing networks of hospitals, physicians and other providers that the plan has contracted with. It is important that you contact your insurance company to discuss this specific information.
4. What is the difference between charges, cost and price?

**Total Charge** is the amount set before any discounts. Hospitals are required by the federal government to utilize uniform charges as the starting point for all bills. This is our chargemaster

The charges are based on what type of care was provided and can differ from patient to patient for similar services, depending on any complications or different treatment provided due to the patient's health.

**Cost** for a hospital is the total expense incurred to provide health care. Hospitals have higher costs to provide care than freestanding or retail providers, even for the same type of service. This is because a hospital is open 24 hours a day, 7 days a week and needs to have everything necessary to cover any and all emergencies.

**Total Price** is the amount actually paid to a hospital. Hospitals are paid by insurance companies and/or patients, but the total amount paid is significantly less than the total charge.

Medicare, Medicaid and most private insurance companies pay hospitals according to a set fee schedules or discounts depending on the service provided, much less than the hospital charge.

5. How can I use this hospital charge information for comparing prices?

Charge information by itself is not useful in order to determine how much you ultimately may need to pay or to compare the amount you may owe across hospitals. Discounts and fee schedules are used to determine how much private insurance companies pay and may vary from hospital to hospital. These amounts create what is referred to as an allowed amount which is then used by your insurance company to determine how much you may owe.

6. How can I get an estimate for a specific procedure?

Cleveland Clinic provides estimates to patients who would like to understand their potential out of pocket expense for upcoming services. Keep in mind that this is only an estimate and the actual out of pocket amount may vary based on when the estimate was run compared with the status of your benefits, the actual service performed, and any complications that may arise.

For many services, estimates are provided proactively at the time you schedule your appointment. You also may ask a patient financial advocate for an estimate. Or you can call for a price estimation at 772-226-4100.