

Thank you for choosing Anne Arundel Medical Center for your health care needs. We understand this can be a challenging time for our patients, and we know that the financial aspect of hospitalization sometimes can be confusing.

To take the confusion out of the payment process, our Patient Financial Services Team is available to help you understand your hospital bill. We also can help you with payment options, including whether you are eligible for financial assistance through federal and state programs. We can answer general questions about the manner in which your insurance company processed your bill.

We have prepared this brochure to help answer the most commonly asked questions about billing. If your specific question is not listed here, please contact 443-481-6500 Monday – Friday between 8:30 a.m. and 4:00 p.m.

Patient Financial Services Resources

Our Financial Counseling team is located at the Medical Park Campus, 2001 Medical Parkway, Annapolis, Maryland.

You may make an appointment to meet with a financial coordinator by calling:

Financial Assistance 443-481-1401

Medical Assistance application 443-481-1401

Payment Arrangements 443-481-1401

If you have received a bill and have questions or wish to discuss payment arrangements you may call:

Questions about your bill 443-481-6500

Payment Arrangements..... 443-481-6500



Patient Billing
Information
Q&A

Patient Billing Information Q&A

What is included in my hospital bill?

Your bill from Anne Arundel Medical Center is for services you receive from nurses, social workers, dietitians, therapists and other staff. It also includes charges for your room, meals, linens, supplies, medications, diagnostic tests and supervised professional services, such as those of respiratory and physical therapists.

What is not included in my hospital bill?

You will be billed separately by your physicians, consulting physicians, and surgeons for services they provide to you. These services are NOT included in your hospital bill. Each physician who cares for you will send you a separate bill for services they provided. This includes physicians who may have treated you in the Emergency Department; those you may never see, including physicians who interpret diagnostic studies, such as X-rays, EKGs, and certain laboratory specimens; and anesthesiologists, staff pediatricians or internal medicine physicians who may have treated you during your stay.

How does health insurance billing work?

When you receive services at Anne Arundel Medical Center, we will bill your health insurance provider on your behalf. To do this, and to assure the hospital is paid for services provided to you, we need a copy of your insurance card. We must supply complete and accurate information to your health plan, including your full name, address, phone number, date of birth, and Social Security number. Incomplete or incorrect information could mean a denial from your insurance provider. You could be held responsible for the balance of the invoice when an insurance provider delays, denies, or makes partial payment. Your insurance company may also require that you make your co-payment at the time of service.

If you cannot or will not provide complete insurance and subscriber information Anne Arundel Medical Center cannot submit your bill to your insurance company. If that is the case, you will be a “self pay” patient and we will ask you for a deposit for services.

All cosmetic services and services not deemed medically necessary by your insurance company must be paid in full and in advance of the service.

What if I Have a Managed Care or HMO Plan?

If you have a managed care or HMO plan and you are admitted to our emergency room, your plan may require you to contact your local office to obtain authorization for your admission within 24 hours of an emergency admission. Your health insurance card should provide you with your plan’s telephone number. Anne Arundel Medical Center staff will attempt to contact your insurance plan with notification of your inpatient admission. Most HMO plans require you to obtain a referral or authorization for certain non-emergency services. Anne Arundel Medical Center will help you obtain the authorization.

Many HMOs require you to receive diagnostic services such as laboratory tests and X-rays at a designated provider, not at the hospital’s outpatient department.

What if my visit involves worker’s compensation?

If we do not receive worker’s compensation information from you or your employer you will be responsible for your bill. It is important that you provide your medical insurance benefit information as well, so any required authorizations or other steps to ensure coverage are followed. This will assist in protecting you and the hospital financially should worker’s compensation deny payment. We need a copy of the denial in order to bill your insurance.

What if my visit is due to a motor vehicle accident?

Anne Arundel Medical Center does not bill auto insurance providers. MVA patients are responsible for payment of services provided. It is important that you provide your medical insurance benefit information as well, so any required authorizations or other steps to ensure coverage are followed. This will assist in protecting you and the hospital financially should the auto insurance deny payment. We need a copy of the denial in order to bill your insurance.

What does Medicare Cover?

“Medical Necessity” is a term used by Medicare to describe the services Medicare feels are “reasonable and necessary”

for the treatment or diagnosis of an illness or injury. In most cases Medicare provides payment for “medically necessary” services. If your physician prescribes a service that may not be covered by Medicare you will be asked to sign an Advance Beneficiary Notice before service is provided stating that Medicare is not likely to pay for the service. By signing this form you agree to be responsible for payment.

What are my options under Medicare?

If you have an Advance Beneficiary Notice you can sign it and agree to pay for the services yourself or you can refuse the service or treatment. If you refuse the service or treatment, we encourage you to talk with your physician about options that would be covered under Medicare. You have the right to appeal a Medicare decision of non-coverage. If you would like to file an appeal or have other Medicare-related questions, please call the Medicare Beneficiary Hotline at 1-800-633-4227.

What if I can’t pay on time?

We understand that certain circumstances may make it difficult for you to pay your bill on time. However, if your account becomes past due, Anne Arundel Medical Center will take action to recover the amount owed. Please call 443-481-6500 between the hours of 8:30 a.m. – 4:00 p.m., Monday through Friday, to discuss your circumstances. We want to help you protect your credit.

What if I am unable to pay any portion of my bill?

If you are unable to pay your bill we can help you apply for state and federal programs that may pay all or a portion of your bill. Please call 443-481-1401 for assistance. Anne Arundel Medical Center offers financial assistance for those who do not qualify for state or federal programs but meet certain federal poverty guidelines. Also, you may be eligible for a partial reduction on the amount you owe.

For more information about patient financial services resources and telephone numbers, see the back of this brochure.