

## welcome

THANK YOU FOR CHOOSING SAINT ELIZABETH REGIONAL MEDICAL CENTER (SERMC) FOR YOUR HEALTH CARE NEEDS. This guide will help you understand our billing policies and procedures for your hospital-provided services, as we are committed to simplifying the confusing world of healthcare billing. If you have any questions regarding our services, please contact us at:

### Patient Financial Services

P.O. Box 30450  
Lincoln, NE 68503-0450  
Phone: (402) 219-7152  
Toll Free: (800) 541-8086  
FAX: (402) 219-8008  
Statement Questions: (402) 464-8312

Our hours of operation are:  
Monday through Friday  
8:00 a.m. to 4:30 p.m. CST

## mission

*The Mission of Saint Elizabeth Regional Medical Center is to nurture the healing ministry of the Church by bringing it new life, energy, and viability in the 21st century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.*

You may also receive bills from other providers in addition to Saint Elizabeth Regional Medical Center's hospital bill that may include, but are not limited to:

The Physician Network  
(Clinic and Emergency Physicians and Physical/Occupational Therapy Billing)  
Phone: (402) 421-0904  
Fax: (402) 421-0945

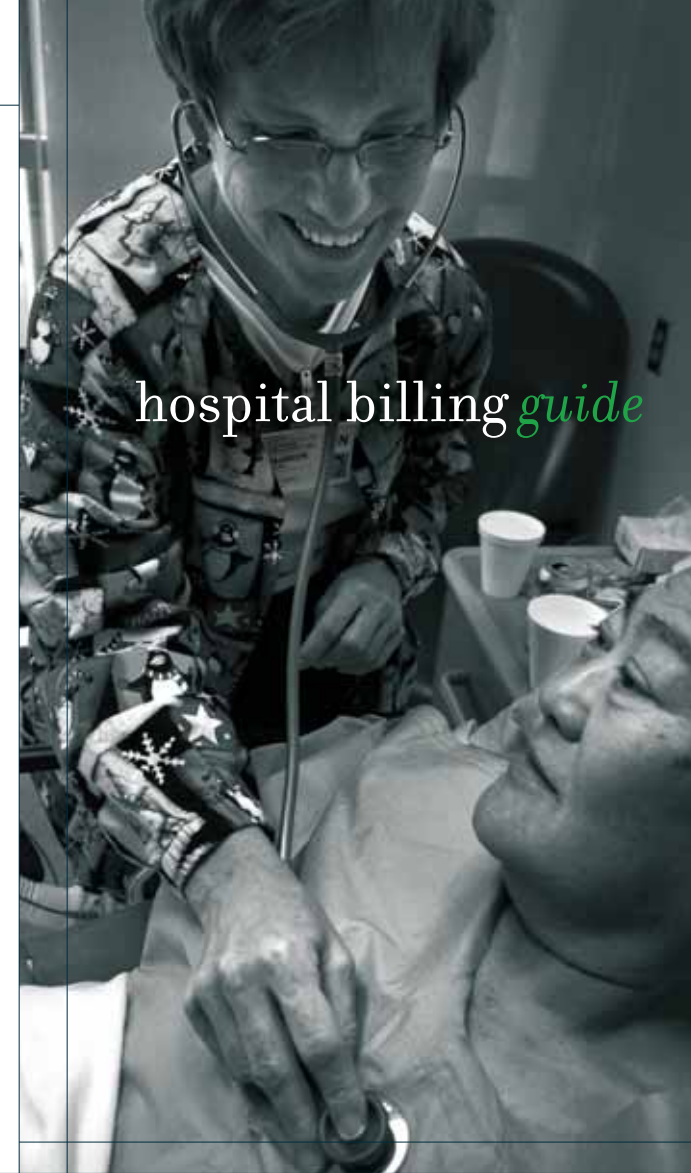
Saint Elizabeth Home Health Billing  
Phone: (402) 219-7043  
Fax: (402) 219-7800

Radiology Associates  
Phone: (402) 484-4848

Lincoln Anesthesiology  
Phone: (402) 434-5600  
Fax: (402) 434-5601

Pathology Medical Services  
Phone: 800-601-9825

## hospital billing *guide*



† CATHOLIC HEALTH  
INITIATIVES

Saint Elizabeth  
Regional Medical Center

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## What you will need for Registration:

Just as each individual is different, so are the vast numbers of healthcare plans. When arriving for services, please have your insurance card(s) with you. In an effort to protect and confirm accurate identity, we request you present your driver's license or other photo identification. In order to bill your insurance company for services rendered, we will need the following information:

- Name of the company
- Company's complete mailing address
- Insurance policy's group number
- Insurance policy's identification number
- Information in regards to subscriber (policy holder) information (name, address, birth date, employer, etc.)



If your insurance carrier requires a referral form, please remember to bring it with you to your first appointment with us. Also, if you have an Advance Directive (a living will and/or durable power of attorney for healthcare), please bring this with you as well.

### Commercial Insurance

If you have current insurance coverage, the hospital will bill your insurance carrier shortly after healthcare services have been rendered. After your insurance carrier has paid their portion of the bill, you should receive final payment information, which could include statements, letters, and phone calls.

### Pre-Authorization

Many insurance plans have pre-authorization requirements. To avoid non-payment or reduction of payments, for which you will be responsible, please review your health plan booklet or call your insurance carrier to clarify your specific benefits and requirements before your visit to the hospital.



### Medicare

We will bill Medicare on your behalf for services rendered. We will also submit to your supplemental or private insurance plans. You are always responsible for any applicable deductibles, co-payments, or other amounts not paid by Medicare. Please see your "Medicare & You handbook" for more details regarding non-covered items.

### Medicaid

We require all Medicaid patients to present a current eligibility card at the time of registration. Without verification of your coverage, you will be responsible for your account. We will bill your account to Medicaid when all necessary information has been provided, including your share of cost form, if needed. You are responsible for your co-pays and take home pharmacy charges.

### Workers Compensation

When your healthcare service is due to a work-related injury and your employer/carrier accepts responsibility, we will bill your employer/carrier. If we do not receive payment within **30** days, we may ask you to contact your employer/carrier. If your employer/carrier denies your claim, we will bill you directly.

### Third Party Liability

If you have been injured in some manner, whether automobile accident, fall, etc., another party may have some legal responsibility for your injuries. Although this matter is between you, your attorney, and the party responsible for your injury, we will bill on your behalf to the carrier you provide to us. If you are a Medicare or Medicaid recipient, health care laws require that we bill the liability carrier first, then Medicare or Medicaid. If the liability provider denies your claim or we do not receive payment within **30** days, we may ask you to contact the liability insurance. In the event that the liability provider denies your claim, we will bill you or your health insurance. Please note that if you have Blue Cross Blue Shield, they require us to bill them first for liability.

### If You Do Not Have Insurance

A **20%** discount is offered when payment, in full, is received within **30** days from the date of your first statement. We accept personal checks, money orders, Visa, MasterCard, and Discover. In the event that your financial means are limited and you are not able to pay in full within **30** days, we may extend to you an interest-free limited monthly payment plan. If you are

unable to meet our guidelines and you need to extend your payments over a longer term, we offer an unsecured bank loan program as well as assistance in applying for state and/or SERMC financial assistance. Please contact one of our financial counselors to discuss the best payment option available to you.

### Financial Assistance Program

Patients with balances due resulting from limited or no insurance coverage may qualify for our Financial Assistance program. For qualified patients, this program is designed to provide up to a full discount of charges. The hospital uses income guidelines issued by the Housing and Urban Development Department to determine a patient's eligibility. Income, family size, assets, available resources, and the likelihood of future earnings are also considered.

Our financial assistance program requires you to complete an application and provide proof of income. This program is available for medically necessary healthcare only. Applications can be obtained by contacting us at the address or phone numbers provided or by visiting with one of our on-site financial counselors.

