



# Billing & Financial Assistance Guide

## Columbus Regional Health

2400 E. 17th Street, Columbus, IN 47201 800-841-4938 [www.crh.org](http://www.crh.org)



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## Thank You

Thank you for choosing Columbus Regional Health for your healthcare needs.

To help you understand your visit today, we are providing the enclosed billing information.

Following are some of the most frequently asked questions about hospital billing.

## Meet Our WellConnect Connection Specialists

Connection Specialists at WellConnect are the front door to the Columbus Regional Healthcare system.

Connection Specialists are available **free-of-charge** to patients or family members looking for help in establishing a connection with a primary care provider, specialty care, or medical service.

Contact a Connection Specialist with your health and wellness questions at **812-376-5136**.



Sara Bishop



Alyssa Miller



Kristi Stewart



Claudia Velez  
(Spanish Speaking  
Connection Specialist)



Courtney Watkins

**WellConnect Services are Provided Free of Charge**

**Contact Us Today!**

Call: **812-376-5136**, Monday–Friday, 8 a.m.–5 p.m.

Email: [crhwellconnect@crh.org](mailto:crhwellconnect@crh.org)

Learn more at: [www.crh.org/wellconnect](http://www.crh.org/wellconnect)



## Need Help Finding a Healthcare Provider? WellConnect Can Help!

### WellConnect offers:

- Assistance in selecting a primary care provider that is perfect for your specific needs and scheduling your first appointment.
- Health insurance navigation for Affordable Care Act and Medicare health plans.
- Accessing services throughout the CRH system.
- Identifying and locating available community resources.

### One Stop Shopping For Your Healthcare Needs

- **Need help finding a provider?** Our Connection Specialists provide assistance in selecting a primary care provider that is perfect for your specific needs and will schedule your first appointment.
- **Is Spanish your primary language?** We have a Spanish speaking Connection Specialist to help answer your healthcare, insurance, or community resource questions.
- **Struggling to understand your insurance options?** We can help with insurance navigation for the Affordable Care Act and Medicare health plans.
- **Trying to find a specific service at CRH?** We can help you access services throughout the Columbus Regional Health system.
- **Looking for resources to support your family?** Our Connection Specialists are experts at identifying and locating available community resources.

## Frequently Asked Questions

### Who will bill my insurance?

Columbus Regional Hospital will bill your insurance on your behalf using the information you provide at registration. You are responsible for providing the hospital with any updated insurance or address information. You will not be billed until insurance has time to consider the claim.

### When should I expect my bill?

After your insurance company has reviewed your hospital bill and paid or denied their portion, the hospital will bill you for your part of the bill. Your hospital bill will show charges for what insurance does not pay. Most insurance plans require patients to pay part of their hospital bill. If you have any questions about your insurance, please contact your insurance company. This process could take several months for insured patients. Self-pay patients can expect a bill within 2 - 3 weeks.

### How much will my Emergency Room visit cost?

Emergency Department patients are billed based on a point system for the amount of resources required during their visit. Resources may include x-rays, labs, urine test, medication, etc. You will receive a separate bill from the physician.

### What if my visit is the result of an accident?

In cases of injury resulting from an accident, Medicare and Medicaid require that the hospital bill the liable party first (auto or homeowners insurance).

For all other patients, hospital expenses incurred as a result of a vehicle accident or public liability will be billed on your behalf. We can only bill your auto insurance - we cannot bill another party's auto insurance.

### Does Medicare cover all services?

Medicare plans do not cover the purchase of hearing aids and often do not pay for ambulance transportation.



## Frequently Asked Questions (Continued)

### Why did I receive a separate physician or radiology bill?

The bill you receive from the hospital does not include fees from the physician or other specialists, such as emergency room physician, anesthesiologist, radiologist, cardiologist, surgeon, pathologist, your attending physician or hospitalist, etc. These professionals have their own billing system and will send you a separate bill. Questions regarding physician billing should be directed to the specific physician office.

### What if I cannot pay my bill?

The hospital offers ways to help our patients. If you need help, please call our billing office. The ways we can help include:

**Financial Assistance** is available to all of our patients that experience difficulty paying their balance. To qualify, you must complete a financial application and provide verification of household income. Not all services qualify for assistance.

You can verify your household income by providing last year's tax return. If you did not file a tax return, but receive a monthly benefit from Social Security, Disability or Unemployment, a copy of the award letter showing the monthly amount is needed. If you do not have the award letter, a bank statement is acceptable.

Calculations are made using this information and number of dependents in the home. Assistance of 61% to 100% is available. If approved, this assistance is granted for 12 months from the date of application and is available to the patient, their spouse and dependents. Dependents are children claimed on taxes.

**Insurance Programs** We can help you apply for public insurance programs, such as Medicaid/HIP, which could help cover current and future health needs.

**Interest Free Payment Plans** CRH offers interest free payment plans. Please contact Customer Service to discuss qualifications and options. You can reach Customer Service at 812-376-5315 or 1-800-841-4954. Hours are Monday-Friday 8 am-4:30 pm.

**Prompt Pay Discount** All patients are offered a 10% prompt pay discount on balances of \$100.00 or more, if the balance is paid in full with the first statement.

## Helpful Phone Numbers

### Patient Financial Services

**(812) 376-5315 or (800) 841-4954**

### Medicaid Representative (Claim Aid)

**(812) 376-5565**

### Emergency Room Physician Billing

**(800) 937-2649**

### Columbus Radiology Physicians

**(812) 471-1591 or (800) 467-2392**

### South Central Pathology/Columbus Indiana Clinical Pathology

**(812) 418-7053**

### Southeastern Indiana Anesthesia

**812-378-9027**

### VIMCare Clinic

**812-375-3660**

### WellConnect

**812-376-5136**

## In-Network Health Plans

Columbus Regional Health has contracted with the following health plans.

- Aetna / PPOM
- Anthem BCBS \*
- CareSource - HIP
- CareSource - Hoosier Healthwise
- CareSource - Marketplace
- Champva
- ChoiceCare \*
- Cigna
- Encircle
- Encore \*
- Humana \*
- Humana Medicare Advantage
- Managed Health Services - HIP
- MDWise \*
- MDWise Exchange
- MDWise - HIP
- MDWise - Hoosier Alliance Plan
- Medicaid
- Medicaid Care Select PCCM
- Medical Mutual / SuperMed \*
- Medicare
- MHS Ambetter
- MHS Hoosier Care Connect
- Multiplan / PHCS
- Mutual/United of Omaha
- PPOM \*
- Sagamore
- SIHO (Southeastern Indiana Health Organization)
- Tricare
- Tricare for Life Medicare
- United Healthcare \*
- United Healthcare Medicare

\* We do not participate in all plans under this provider.

This list is subject to change and is not inclusive.

We want to help you understand your health plan and determine coverage. Feel free to contact our Patient Financial Services Department at **(812) 376-5315** or **(800) 341-4954** with questions about in-network providers.

## Instructions for Financial Assistance

**Please return the completed application to Columbus Regional Hospital with the following documents:**

1. Income tax return for the last year's filing (1040), last three (3) pay check stubs, and current bank statement. If you are self-employed, a copy of the self-employment tax return is also needed.
2. If you did not file taxes last year but received a monthly benefit from Social Security, Disability or Unemployment, a copy of the award letter showing the monthly payment amount is needed. If you do not have an award letter, a copy of the bank statement showing the deposited amount is acceptable.

**Note: The application must be signed.**

**\* Failure to return the needed information may result in your request being denied.**

### Contact Us:

Please feel free to contact us at **812-376-5315** or toll free **1-800-841-4954** if you have any questions or concerns.



**Scan the QR Code** to access our online Financial Assistance page where you will find an application packet in English or Spanish or visit [www.crh.org/financial-assistance](http://www.crh.org/financial-assistance).

Note: There is also an application form included in this packet.

## Financial Assistance Plain Language Summary

### Overview

Columbus Regional Health promises to provide you the best care possible regardless of your ability to pay. We offer a financial assistance program to qualifying patients that either reduces or fully covers the out-of-pocket cost of medically necessary services. See the full Financial Assistance Policy for a detailed list of excluded services, the process for applying, and other information. You must submit a signed application form and provide the requested documentation in order for your application to be considered.

### Do I qualify?

Patients, or guarantors (person responsible for paying the bill), primarily qualify for financial assistance based on their yearly gross household income and number of dependents in the household (dependents must be claimed on the 1040 tax filing form to qualify). Income is then compared to the Federal Poverty Guidelines to determine what level of discount you qualify for. Other employment and financial information, such as monthly expenses and assets, may also be used to determine financial assistance qualification per the discretion of Columbus Regional Health. See the table below for a summary of Federal Poverty Guideline criteria and approval levels. The current Federal Poverty Guidelines can be found on [www.crh.org/financial-assistance](http://www.crh.org/financial-assistance).

% of Federal Poverty Level	Approval Threshold
0-200%	100%
201-300%	80%
301-350%	61%

Patients who have an income level more than 350% of the Federal Poverty Level may qualify for financial assistance due to other reasons, such as catastrophic events or other hardships. We encourage you to speak with a financial counselor at Columbus Regional Health and apply for financial assistance if you need aid in paying your out-of-pocket balance.

If you qualify for financial assistance, you may not be charged more than the Amount Generally Billed (AGB) for emergency and other medically necessary care.

## VIMCare Clinic

VIMCare, formerly Volunteers In Medicine, opened in 1996 as our community's solution to a critical lack of access to primary healthcare for uninsured Bartholomew County residents.

Today, many patients are able to enroll in HIP 2.0, Indiana's Medicaid insurance product, which makes them ineligible for free care. VIMCare is a primary care clinic and has been designed to provide access to HIP 2.0 patients as well as the uninsured.

### Hours

Monday: 8:00 a.m. - 7:00 p.m.

Tuesday - Friday: 8:00 a.m. - 4:30 p.m.

The clinic operates on an appointment basis. This allows clinic staff to schedule patients with the most appropriate provider, based on need.

### Services

- Acute primary care (such as ear infections and strep throat)
- Annual physicals and sports physicals
- Chronic care management (such as high blood pressure and diabetes)
- Behavioral health (such as mental health and substance misuse)
- Self-care resources
- Lifestyle and education programs
- Medication assistance

VIMCare provides the same healing, health, and hope to the same patients the clinic has always served, plus thousands more. The vision remains the same, even though the name has changed.

To schedule an appointment, call **812-375-3660** during regular clinic hours.

## Explanation of Insurance Terms

### What is a deductible?

A deductible is the amount you owe for healthcare services that your health insurance or plan covers before your health insurance or plan begins to pay for covered healthcare services (for example \$1000). The deductible may not apply to all services.

### What is a co-payment or coinsurance?

**Co-payment** is a fixed amount you pay for a covered health care service (for example \$15), usually when you receive the service. The amount can vary by the type of covered healthcare service.

**Co-insurance** is your share of the costs of a covered healthcare service, calculated as a percent (for example 20%) of the allowed amount for the service.

### How does my out-of-pocket maximum work?

The out-of-pocket maximum is the dollar amount of a deductible and/or coinsurance expense paid by a covered person and/or family for covered services in a benefit period. After you reach your out-of-pocket limit, your plan covers 100 percent of the eligible charges for the remainder of the benefit period unless specified by your health plan. Check your "Summary Plan Document" for details.

## In-Network Providers

Most insurance plans today have "in-network" providers. If you see those doctors and visit those hospitals, you pay less out-of-pocket than if you go outside the network. So, if you want to keep your own doctor and go to a certain hospital, make sure they are on the provider list.

You can call the member services department of your health plan or talk with someone in your human resources department if you have questions. Following are important questions to ask:

1. **What physicians, hospitals, clinics and pharmacies are covered?**
2. **How much does it cost to go out of network?**
3. **What is the most I'll have to pay out of my own pocket to cover expenses?**
4. **Are pregnancy, psychiatric care, physical therapy, mental health services, substance misuse, and ambulance services covered?**

## How do I apply?

To apply, you are required to submit a completed and signed financial assistance application form, along with supporting documentation. A free copy of the financial assistance applications can be found online at [www.crh.org/financial-assistance](http://www.crh.org/financial-assistance), in patient waiting areas around the hospital and clinics, or by calling our Customer Service Representatives at **812-376-5315** or toll free at **1-800-841-4954** (8 AM to 4:30 PM, Monday through Friday).

If you need information, have any questions, or need assistance with the application process, please contact our Customer Service Representatives at **812-376-5315** or toll free at **1-800-841-4954** (8 AM to 4:30 PM, Monday through Friday).

Return completed and signed applications, along with copies of supporting documentation to the following address: Columbus Regional Hospital, Attn: Patient Financial Services, 2400 E 17th Street, Columbus, IN 47201

We encourage you to contact us with any questions you may have concerning your bill, establishing a payment plan, or applying for financial assistance.

## Columbus Regional Hospital Financial Assistance Guidelines

Family Size	% Above Poverty Guidelines		
	0-200%	201% to 300%	301% to 350%
	% of Write Off		
	100%	80%	61%
1	\$14,580.00 to \$29,160.00	\$29,160.00 to \$43,740.00	\$43,741.00 to \$51,030.00
2	\$19,720.00 to \$39,440.00	\$39,441.00 to \$59,160.00	\$59,161.00 to \$69,020.00
3	\$24,860.00 to \$49,720.00	\$49,721.00 to \$74,580.00	\$74,581.00 to \$87,010.00
4	\$30,000.00 to \$60,000.00	\$60,001.00 to \$90,000.00	\$90,001.00 to \$105,000.00
5	\$35,140.00 to \$70,280.00	\$70,281.00 to \$105,420.00	\$105,421.00 to \$122,990.00
6	\$40,280.00 to \$80,560.00	\$80,561.00 to \$120,840.00	\$120,841.00 to \$140,980.00
7	\$45,420.00 to \$90,840.00	\$90,841.00 to \$136,260.00	\$136,261.00 to \$158,970.00
8	\$50,560.00 to \$101,120.00	\$101,121.00 to \$151,680.00	\$151,681.00 to \$176,960.00

For each additional person, add \$5,140.00

## Assistance for the Uninsured and Underinsured

### We can help

Claim Aid assists Columbus Regional Hospital's patients in the entitlement program application process. As an uninsured or underinsured patient, you may be eligible for medical coverage through different state and federal programs. If you are approved, this could help pay for this and future medical bills. This is a free service provided to you on behalf of Columbus Regional Hospital and Claim Aid.

### How we can help

A Claim Aid representative will speak with you to determine if you meet criteria for assistance with Medicaid, HIP or other programs.

If so, Claim Aid will:

- assist you in completing the application and identify required documents to support your application.
- submit the application on your behalf.
- continue to follow through with the case to final resolution.

Claim Aid staff thoroughly understand the various program application procedures and can help you through this process. Claim Aid cannot guarantee that you will be eligible for any entitlement programs. However, if you are successfully enrolled, your current and future medical bills may be covered.

### What you have to do

In order for Claim Aid to assist, you will be asked to do the following:

- Answer all questions as completely and thoroughly as possible to ensure your application is complete.
- Tell your Claim Aid representative of any changes to your contact information.
- Contact the Claim Aid representative when you receive any correspondence from the DFR office.

If you do not meet criteria for Medicaid, HIP you can apply for other programs such as: SSI Disability or CRH Financial Assistance.

To apply for these programs, please refer to the numbers listed on page 14 of this brochure.

## Admission Status

### Observation Versus Inpatient

At Columbus Regional Hospital, we strive to keep our patients informed, so we want to make you aware that there are different types of admission statuses. Your doctor must decide which status is appropriate based on your overall condition and payor guidelines. The types of statuses are listed below. Please be aware that your status could change during your stay.

#### Inpatient

**Medicare:** Your doctor determines you require at least a 2 midnight stay in the hospital for medically necessary hospital services. Services will be billed to Medicare Part A insurance.

**All other payors:** Your doctor determines that your condition is severe, and you are receiving high intensity services that meet nationally recognized criteria for an inpatient status. Services will be billed as inpatient.

#### Observation

**All payors:** Your doctor determines services are needed to help determine if you need to be admitted as an inpatient or can be discharged. Observation services may be provided in different areas of the hospital. **Observation services may also include one or more overnight stays.** For Medicare, coverage services will be applied to the Part B benefit.

#### Outpatient in a Bed

**All payors:** Your doctor determines that the services you require do not meet your payor guidelines for inpatient status; however, your doctor has determined care in a hospital bed is necessary. For Medicare, coverage services will be applied to the Part B benefit.

Knowing your status is very important because it does affect the hospital bills and your out-of-pocket expenses. Financial counselors are happy to meet with you concerning your financial responsibility. You can call **(812) 376-5315** or **(800) 841-4954** during normal business hours.

Additional information can be found on the Medicare website at [www.cms.gov](http://www.cms.gov) or you may contact your specific insurance plan member services department. If you have any questions concerning your status, please let us know.





COLUMBUS REGIONAL HEALTH

# Financial Application for Columbus Regional Health

Please complete all sections of this application to the best of your ability and provide supporting documentation as listed below. If you would like to provide additional information of any kind that you feel will help us better understand your situation, please attach a letter to this application. Once all of the required information is received, you will receive a letter advising you of the decision. If you have questions concerning the application or need assistance, please call Customer Service at (812) 376-5315 or toll free at (800) 841-4954. Customer Service is available to assist Monday through Friday from 8:00 am to 4:30 pm. Return completed and signed application along with copies of supporting documentation to the address below.

Columbus Regional Hospital  
Attn: Patient Financial Services  
2400 East 17th Street  
Columbus, IN 47201

**Please submit copies of the following supporting documentation along with your application form:**

1. Last year's Federal tax return (1040) and any attached schedules
  - a. If you are self-employed, provide a copy of the self-employment tax return
2. Last three (3) paycheck stubs
3. Social Security, Disability, and / or Unemployment Award letters
4. Current Bank Statement
5. **APPLICATION DUE BACK BY** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_ **Hospital or Guarantor #:** \_\_\_\_\_ **Amount of Bill:** \_\_\_\_\_

**Responsible Party Information**

Name: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_ Email: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Marital Status: M S W D Telephone No. \_\_\_\_\_  
 Current Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

**Responsible Party Spouse / Partner Information**

Spouse / Partner Name: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Social Security No: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Dependents (Living in household and claimed on taxes):**

Full Name	Date of Birth	Age	Relationship to Guarantor

Did you and / or your spouse / partner file taxes last year? Yes No

If no, why not? \_\_\_\_\_

Has anyone else claimed you or any others listed on this application, as a dependent on their taxes? If so, who \_\_\_\_\_?

Employer Name	Hours Per Week	Hourly Rate / Salary	Frequency Paid
<b>Gross Monthly Income</b>	<b>Dollar Amount</b>	<b>Assets</b>	<b>Dollar Amount</b>
Income from Rental Property		Cash on hand	
Alimony		Checking Accounts	
Child Support		Savings Accounts	
Pension		Other	
VA Benefits		*Asset testing is performed as required by CMS for balances related to hospital services.	
Retirement Account (if receiving payout as part of income)		<b>Monthly Expenses</b>	<b>Dollar Amount</b>
Investment Income (if receiving payout as part of income)		Mortgage / Rent	
Unemployment		Gas	
Do you receive Food Stamps?		Electric	
Do you receive subsidized housing?		Water	
SS Income		Cable	
Disability Income		Telephone / Cell Phone	
Other		Food	
1. _____		Auto Payments	
2. _____		Child Support	
		Alimony	
		Other	
		1. _____	
		2. _____	
<b>Other Medical Bills:</b>			
1. _____			
2. _____			
3. _____			
<b>Other information you would like us to know:</b>			

I am requesting financial assistance for services received at Columbus Regional Health. I certify that the information I have provided is true and accurate. I authorize Columbus Regional Health to verify the information given, including the Credit Rating Bureau and employment. I understand that any information found to be misleading or untrue may result in denial of assistance. I understand that I am responsible for any balances not covered by financial assistance. Financial assistance is granted with the understanding that there is no insurance to cover your out of pocket expenses. If there is an insurance payment made at a later date (directly by insurance or through a legal settlement), payment will be accepted and applied to any financial assistance adjustment as recovery.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

A signature is required to process your application.

**For Office Use Only**

Total    Income: \_\_\_\_\_ Approved    or    Denied: \_\_\_\_\_

Date    Reviewed: \_\_\_\_\_ Financial    Counselor    Initials: \_\_\_\_\_