

Hospital-Based Billing Notice

What does this mean for you?

Your child is scheduled for a comprehensive evaluation through the Feeding Clinic. In order to avoid any confusion regarding your health insurance coverage or payments, it is important that you know the specific details of your insurance policy and if it covers any or all of this evaluation.

Insurance plans may consider this evaluation as a medical-developmental assessment or both medical and psychological. Insurance coverage depends on your insurance company's interpretation of the evaluation findings, and the policies and procedures your insurance policy has for outpatient services.

Children's Feeding Clinic is a Hospital-Based Clinic. This means your insurer will process the claim for your visit to include both a professional and facility charge:

- There will be a professional and a facility fee charged for your visit, which may have different coverage and/or result in additional co-insurance above your regular clinic co-pay.
- Before receiving hospital-based clinic services, we encourage you to review your insurance coverage.
- You may be responsible for more out-of-pocket expenses.

YOU WILL RECEIVE TWO STATEMENTS:

- Professional Fees: the Nurse Practitioner
- Facility Fees: clinic items and services including staff time, equipment and supply use

YOUR CHILD'S COMPREHENSIVE ASSESSMENT MAY INCLUDE:

- Nutritional evaluation by a dietitian
- Oral motor and feeding evaluation by an occupational therapist and a speech and language pathologist
- Interpretive or medical conference where findings are discussed with the parent or other significant person
- Phone consultations with family or physicians
- Radiology testing

Please obtain information regarding your own health insurance policy prior to the evaluation by calling your insurance carrier directly or reviewing your policy.

THE FOLLOWING QUESTIONS MAY BE HELPFUL TO YOU WHEN OBTAINING INFORMATION ABOUT YOUR COVERAGE FROM YOUR INSURANCE.

1. Do you need to notify your health insurance carrier of any planned services or obtain prior authorization for services before services begin or at any time during the treatment period?
2. What are your available benefits for “hospital outpatient visits” versus “clinic visits”?
3. What are your available benefits for outpatient care for psychological evaluation and therapy?
4. What are your responsibilities for payments of “out of pocket” expenses?
5. Is there a deductible amount that you must pay before the insurance will consider a claim for payment?
6. Are there services your insurance will not pay for, i.e., psychology, speech, social work, etc.? Are there conditions or diagnoses your insurance company will not pay for such as developmental delay?
7. What are the financial limitations of your policy or the total amount of coverage for each type of service?
8. Is there a “pre-existing” condition clause to your policy that limits or restricts payment for any “existing” conditions.

Average costs range from \$300.00 to \$900.00. If additional services are recommended, there will be additional costs depending on the services provided.

Financial counselors are available to help:

- To answer questions about our billing process.
- To share financial resources that may be available to you.
- By phone weekdays, 9am-5pm, @ **651-220-6225**

Alternate or additional funding may be available if you reside in Minnesota from Children with Special Health Needs. You can call 612-623-5150 or 1-800-728-5420. Be sure you obtain a file number or case number for your child before the assessment date.