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Billing & Charges

We understand how overwhelming it can be to deal with health and billing issues all at the same time. We also know that medical bills and insurance details can get confusing. Our goal is to make the process as easy as possible for our patients to understand.

Hospital Statement

Hospital bills are based on the type and complexity of the care received. The amount owed may include insurance deductibles, non-covered services or items, co-payments, co-insurance or, in appropriate cases, and balances due after insurance has paid on a charge [1]. (We may provide additional relevant documentation to help process a claim for the correct benefit.)

We file a claim with the patient's insurance carrier. For certain types of insurance coverage, if there is a balance due after the insurance company has processed the claim, or if the person does not have insurance, we will mail a statement (see sample bill) that shows the balance due after insurance payments.

Payment Expectations

Account balances are to be paid 21 days from the statement date. If a person is unable to pay in full by that date, the person is advised to contact our Patient Business Representatives to make payment arrangements.

If a person feels they are unable to pay for all or part of the healthcare received from The Brooklyn Hospital Center, we have developed a Financial Assistance Program (FAP) to help patients who are unable to pay their health care due to lack of insurance or insufficient insurance coverage. We also encourage people to apply for charity care/financial aid. Please call 718.250.8080 for information and/or an application form.

Frequently Asked Questions [2]

Completed application forms are to mailed to:

The Brooklyn Hospital Center
Patient Financial Services
121 DeKalb Avenue, Room 105
Brooklyn, New York 11201

[3]

Contact

781.250.8080

Location

Main Hospital, 2nd Floor

[3]

Billing Sample [4]
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Frequently Asked Questions

1. What if I cannot afford to pay the balance on my hospital bill?

Under the The Brooklyn Hospital Center?s Charity Care/Financial Aid Policy, financial aid is available to eligible patients who are in need as defined by the Policy, reside in our primary service area, and receive non-emergent medically necessary services, or for residents of New York State who receive medically necessary emergency room services. Eligibility is based, among other factors, on family income and number of family members in the household. If you think you may be eligible for financial aid, you may request an application in the Patient Accounts or by calling 718.250.8080. Installment payment plans are also available for those who qualify. This policy does not apply to physicians services or services provided by other providers who bill independently.

2. I gave my insurance information at the hospital. Why am I receiving this statement?

If our billing offices have not received information that you supplied at registration, you will receive a statement. In some cases we may not have been able to process information that you have furnished prior to the mailing of a statement. We apologize if your account has not been updated with the relevant information prior to the statement being mailed and ask that you forward the information by updating the appropriate section of our Patient Online application.

3. Where should I send my payment?

Payment should be sent to the address in the remit to section of your statement. For your convenience, a return envelope has been enclosed or you may choose to pay online by logging in to your online account and pay using Visa, Mastercard or American Express (**please note, the pay online feature will be activated in late spring, 2011)**.

4. Why didn't my insurance company pay in full?

Many insurance policies have a deductible, co-pay, or coinsurance amount. Sometimes certain charges are not covered under particular policies. This may be the case with your carrier. For certain policies, balance billing is prohibited; we will not bill you for the balance unless called for by your policy and permitted by law. To confirm your responsibility under your policy, if any, you can call your insurance company directly or call the telephone number listed at the bottom of your billing statement for further information.

5. What is the "NY State Surcharge" on my billing statement?

The surcharge is a kind of "tax" that hospitals in New York State are required to add to any co-payments your insurance

carrier charges to you when it processes your claim. The surcharge is not charged to you on amounts considered to be insurance deductibles. The hospital does not keep this portion of your payment; the hospital is required to submit it to the New York State Department of Health.

What other bills can I expect to receive?

In addition to the hospital bill you have received, you may receive bills from one or more of these other providers who bill independently including but not limited to:

- The physician(s) / doctor(s) who cared for you while you were a patient at the hospital.
- The anesthesiologist if you had a procedure at the hospital.
- The ambulance if you were brought to the hospital by ambulance.
- Physicians who may have provided interpretation services for lab work, x-rays, and the like to your physicians, even if they did not see you.

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