



*****Important Message for our Patients*****

Thank you for choosing the excellent services of Good Samaritan.

Good Samaritan clinics generally operate as hospital outpatient departments or provider-based clinics. Provider-based clinics are often referred to as hospital-based clinics. Federal health care guidelines differentiate clinics that a hospital owns and employs the staff involved in patient care. These provider-based clinics are held to high standards of care and are required to meet federal accreditation standards for hospitals, which are greater than those of physician-based clinics. Visits to provider-based clinics result in two charges to the patient. One charge for hospital services and one charge for physician services. Depending on your insurance benefits, this model may result in higher out-of-pocket expenses.

On the reverse side is a list of frequently asked questions regarding the implementation of Provider Based Billing. If you have any specific questions regarding your bill, please contact our Central Billing Office at (812) 885-3325.

Our mission is to provide excellent health care by promoting wellness and healing through trusting relationships. Please let us know if we did not meet your expectations

Will my appointment be different?

Your clinical care will not change. You will continue to see your regular provider and continue to receive excellent quality care. Scheduling appointments and tests will be handled as they have been in the past. At every visit, Medicare patients will be asked to complete an MSP questionnaire containing 10-15 questions. We realize this may feel repetitive, but it is a government requirement.

What is different? Will I pay more for services?

According to federal government guidelines, when you see a provider in a private office setting, all services and expenses are bundled into a single charge. When you see a physician in a hospital-based outpatient clinic, physician and clinic (facility) charges are billed separately.

For patients with insurance, physician services are processed under physician benefits, which are usually subject to patient liability in the form of copayments but depending on the benefit plan could be subject to deductible and/or coinsurance. Hospital services are processed under hospital benefits that are subject to deductibles and coinsurance amounts. Providing services in a hospital-based outpatient clinic costs more and depending on your insurance plan, may result in greater out-of-pocket expenses. The increase in cost is a result of the health plan's coinsurance and deductible. Patients with a supplement plan are not likely to see much change.

Why make the change?

This is the national model of practice for health care networks where the hospital owns space and employs support staff who assist with patient care. It has been adopted by many medical centers locally and nationally. Patients received benefits from this as all departments of the hospital are subject to strict quality standards and are monitored by The Joint Commission, and independent, not-for-profit organization that accredits and certifies health care organizations in the United States. The federal government has specific guidelines for provider-based billing and require that we make it clear to the public which clinics are part of the hospital.

Does provider-based billing apply to me if I have Commercial Insurance?

Yes. Provider-based billing applies to all patients, not just those covered by Medicare/Medicaid.

