



Provider-based billing Q&A

Thank you for choosing Great Plains Health for your healthcare needs. As of August 1, 2018 all clinics of the North Platte Nebraska Physician Group will become an outpatient hospital department which uses provider-based billing. This will have an impact on how you see your bills, so we wanted to make you aware. Below is a list of generally asked questions and the answers to those questions. If you need further clarification, please contact our patient financial services department at 308.568.8600, option 2.

What is provider-based billing?

Provider-based billing is a way that services provided in an outpatient hospital department or location are billed. After August 1, your total clinic bill will be split into two parts: the professional fee and the facility or hospital fee. The professional fee is the part of the total bill that goes to the person who treats you (your doctor). The facility fee is the part of the total bill that goes to the *place where you see your doctor* (building, support staff, equipment and other overhead costs). As part of a provider-based service, Great Plains Health may require a payment for each charge – one for professional fees and one for facility fees.

Why is Great Plains Health changing the clinic to an outpatient hospital department which uses provider-based billing?

This initiative was approved by the Board of Directors last year and is being implemented so that patients can enjoy a more seamless billing process.

How will provider-based billing affect my bills?

Following your care at any Great Plains Health clinic (now hospital departments), you will receive a bill that will break out your charges for the professional fee (your doctor) and the facility fee (the building and support staff). Your total bill will look different because it is broken out into two sections.

Does this mean patients will pay more for services?

Depending on your specific type of insurance coverage, it is possible you can pay more for certain outpatient services and procedures at our provider-based/hospital outpatient locations. We advise you to review your insurance benefits and call your insurance provider to determine what your out-of-pocket expenses will be.

What if I have a Medicare secondary insurance?

Coinsurance and deductibles may be covered by a secondary insurance. Check your benefits or ask your insurance company for details.

Provider-based billing can be a complicated system. We apologize for any inconvenience this may cause and encourage you to call 308.568.8600 and select option 2 if you have any questions. Please remember that if you are struggling to pay your health system bill, we do offer generous financial assistance to those who qualify.