

The South Central Internal Medicine Residency Clinic is an outpatient division of South Central Regional Medical Center, which allows more coordinated services with the hospital.

For our patients with insurance, SCRMC will bill some services as "provider-based."

This means your visit with the physician may be split into two separate charges on your statement and explanation of benefits from your insurance company.

Those may appear as:

1. Professional (Doctor) Charge:  
For professional services which typically reflect an office visit.

2. Facility Charge: For exam room, any medical or technical supplies, procedures, medications, equipment, support staff and any other facility related expenses.

We have included additional information about provider-based billing to help answer any questions you may have.



SOUTH CENTRAL  
REGIONAL MEDICAL CENTER

# Provider Based Billing



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***Review these frequently asked questions to help you understand this change:***

**What is provider-based billing?**

Provider-based billing, also known as hospital-based outpatient billing, refers to a billing model for services rendered in a clinic setting that is considered part of the hospital. These clinics, often called provider-based departments (PBDs) may be located within the hospital or at an off-site location several miles away. Although patients typically see their regular physician in a clinic setting and are not hospitalized, these visits are billed as outpatient hospital services rather than as visits to an independent physician clinic.

**What SCRMC locations are billed as provider-based billing?**

Provider-based billing affects services provided by SCRMC, including the South Central Cancer Center (in Laurel and Collins), the South Central Sleep Center and the South Central Internal Medicine Residency Clinic.

**What is different? Will I pay more?**

Depending on a patient's particular insurance coverage, a patient's out-of-pocket expense can vary slightly depending on the payer or plan. It is possible that some patients may pay more for certain outpatient services and procedures at provider-based clinic departments. Generally, patients will receive two separate bills: one for the physician's office visit services and another for hospital services. Hospital services are typically processed by your insurance plan under outpatient benefits and are subject to deductibles and coinsurance. Patients with a Medicare Secondary Supplemental policy are unlikely to see an increase in out-of-pocket costs. We encourage you to review your insurance benefits or contact your insurance provider to determine what the policy will pay and what out-of-pocket expenses may be incurred.

**Why make the change?**

This is the national model of practice for large healthcare 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. This benefits patients as all departments of the hospital are subject to strict quality standards and are monitored by DNV, an organization that accredits and certifies healthcare organizations and programs in the United States.

**Will my appointment be different?**

***Your clinical care will not change.*** You will continue to see your provider and continue to receive excellent care. At every visit, Medicare patients will be asked to complete an MSP questionnaire containing 10 to 15 questions. We recognize this may feel repetitive, but it is a government requirement.

**What if I have questions?  
What should I ask my insurance carrier?**

Making informed healthcare decisions is important. Ask your insurance company if your benefit plan covers facility charges at a hospital-based outpatient clinic, how much is covered, and whether the charges will be applied to your deductible and/or subject to co-insurance. We ask you to review your insurance benefits or contact your insurance provider to determine if there are any changes to what your policy will cover.

**What can I do if I am having difficulty paying for healthcare services?**

We offer financial assistance to help qualifying patients. Applications are available at the SCRMC Cashier's Office or online at [scrmc.com](http://scrmc.com). For questions regarding financial assistance, please call **601-426-4911**.

**Why did I receive this notice?**

Medicare and Medicaid have distinct payment programs for provider-based billing and require that we make it clear to the public which practices are part of the hospital.