

Understanding Billing and Charges at Capital Medical Center Frequently Asked Questions:

Where can I find out how much a service is going to cost?

The best way to determine your costs is to discuss your coverage options and needs with your insurer or our hospital. This is the only way to explore your personal situation and most accurately determine the potential out-of-pocket costs of care you or a loved one may need.

Are the amounts listed what I will have to pay for a service?

More than likely, no. The amounts we have listed on our website are base, undiscounted prices. They do not necessarily reflect a patient's actual financial responsibility, which can vary significantly based on the care and services an individual requires, if he or she is insured, and by which insurer or plan he or she is covered.

The amount collected by our hospital is almost always less than the amount provided on our website. Government programs, such as Medicare, pay hospitals much less than the amount listed. Similarly, commercial insurers typically negotiate discounts with hospitals like ours on behalf of the patients they cover.

Why can't you provide actual charges or out-of-pocket costs for patients?

Charges and out-of-pocket costs vary a lot from person to person and are difficult for us to estimate.

A person's financial responsibility – or out-of-pocket costs – is dependent on many factors, including if he or she is insured, by which insurer and under which plan he or she is covered, and if he or she qualifies for financial assistance. Because this varies so much from individual to individual, we cannot make blanket statements about actual charges or out-of-pocket costs.

Also, any charges that a patient incurs are dependent on a variety of factors such as how long he or she has to stay in the hospital, unexpected complications that arise, specific supplies and items needed for his or her care, and additional testing required or recommended to assess his or her condition. One patient's needs may be vastly different from another's even though they come to the hospital for the same procedure. It is difficult to estimate how this can differ.

We do encourage all patients to contact their insurer or our Financial Assistance representatives to discuss their individual situations and determine the potential out-of-pocket costs of care they or a loved one may need.

How does a provider set its prices?

Healthcare providers' prices are based on the cost of the service (i.e. equipment and supplies, personnel, etc.), prices charged by competitors and prices of similar services offered.

Hospital prices are set to take into account the expected mix of patients seen and reflect expected payments from varied payers, such as insurance companies and the government. In addition, they are typically set to achieve an overall small positive margin, so a hospital can keep up with community needs, reinvest in the hospital's services and facility, provide care for those who can't pay, and collaborate with and support organizations that share its mission.

Why do different providers have different prices? Shouldn't one service cost about the same from one facility to the next?

Prices vary because all hospitals are different. Size, staffing, technology and equipment, services offered, the intensity of care provided, patients served, and many other factors all impact how much money a hospital needs to operate – and how much it charges for services.

What are you doing to help patients reduce or better manage their out-of-pocket costs?

As you can imagine, we are subject to many legal and regulatory restrictions when it comes to patient costs, but we are offering what programs, payment options and discounts that we can.

Our Financial Assistance representatives can help individuals determine the potential costs of care they or a loved one may need and explore what programs, payment options and discounts may be available to them.