

Billing and FAQ's

Below are four phrases critical to the hospital billing process:

Your Share

The most important number is what you will have to pay. This depends on your insurance coverage, and your insurance company is your best source of information on your co-pay and deductibles. If you have no insurance, we offer discounts, charity, and payment terms.

Our costs

We track our costs for each case - direct costs of supplies and staff, and allocations of support services. Our costs differ for each case, because each patient can require different treatment, even for the similar diagnoses.

Expected Payment

We also track our payment for each case from you and from your insurance company. In some cases payments are more than our costs (most insurance companies pay higher than our costs), and in other cases payments are less than our costs (usually Medicare, Medicaid and uninsured cases).

Gross Charges

The least important number that we track is our gross charges. Nearly all hospitals have gross charges that are much higher than costs or expected payment (sometimes two to three times higher). Gross charges are the basis upon which hospitals calculate discounts to insurers. Gross charges are like full-fare coach on airplanes: it's a price that rarely ever applies. They are also the number currently used most often to make price comparisons between different hospitals.

Making Sense of Your Hospital Bill

Your hospital bill will include only the amounts you owe for the services you received. If you have insurance, it will show the amount due after your insurance company has paid. If you do not have insurance or are not covered by insurance, a self-pay discount may be available to you. If a self-pay discount is available, it will be automatically applied to your balance. The amount shown is the amount you owe after this discount. The balance indicated is due when you receive the bill.

Your Bill

We hope that our patient bills are simple, clear and easy-to-understand. Amounts you owe are listed on the left-hand side of the bill. Who to contact for questions is listed on the right-hand side of the bill. At the bottom is a convenient tear-off section that you can use to submit payment by credit card, check, money order or cashier's

Frequently Asked Questions

How will I be billed?

When you receive medical services at the hospital, we will bill your insurance company first. Once we learn the amount your insurance company will pay, we will send you a bill showing this information and the balance you owe. This normally takes 45 - 60 days. The balance you owe is due when you receive the bill.

Why have I received multiple bills?

Some health care providers who cared for you in the hospital are not our employees. They have their own businesses and billing offices. You may receive bills from emergency room physicians, anesthesiologists, pathologists, radiologists and other physicians involved in your care. For questions about these bills, please call the office number listed on the bill sent by these physicians and other providers.

What is my role in the billing process?

There are several things you can do to make the billing process as efficient as possible. These include:

- At registration, provide correct information about your insurance, date of birth, social security number, employer, and your contact information.
- Work with your insurance company to secure the needed pre-authorizations.
- Determine whether the hospital is considered in-network or out-of-network for your health insurance plan. If our hospital is an out-of-network provider, you may have to pay an additional cost for our services.
- Secure copies of your medical records as needed.
- Sign release forms as needed.
- Communicate with us in a timely manner if you are having difficulty paying your hospital bill.

What do I need to bring with me to the hospital for the billing process?

Bring your insurance card, co-pay required by your insurance company and photo identification.

What insurance coverage does the hospital accept?

The hospital has contracts with nearly all insurance companies. Please call your insurance provider to confirm your coverage.

Is the hospital In-Network or Out-of-Network?

Be certain to check with your insurance plan to see if the hospital is an in-network or out-of-network provider for your plan. In most cases, the hospital will be an in-network provider. If the hospital is an out-of-network provider, you may have to pay an additional cost for our services.

What forms of payment does the hospital accept?

We accept payment by cash, check, Visa, MasterCard, AMEX and Discover credit cards. You may pay your bill online. We also offer a MedCharge credit line. Please contact Patient Accounts for an application.

What do I do if my insurance didn't pay my hospital bills?

While we understand this can be a surprising situation, your hospital bill is your responsibility. If you are having difficulty paying the bill, please contact a Customer Service Representative at 1 (785) 458-7255 who will be happy to help you with payment terms or financial assistance.

Why don't all patients pay the same thing for the same procedure?

Prices vary in part because each patient is different and the cost of providing care is different. For example, Medicare patients are older and typically have more complications. Additionally, the prices vary because different insurers have negotiated different rates and discounts with the hospital and SCL Health. In some cases, the payment to the hospital (from the insurer and any co-pay from you) may not cover the actual costs to the hospital for the care if our contract with an insurer, or Medicare regulators, sets payments below our costs.

What do the different numbers mean that go into hospital "costs" and hospital "prices?"

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- Hospital costs. We track the hospital's costs for each case - direct costs of supplies and staff, and allocations of support services. Our costs differ for each case, because each patient can require different treatment, even for the similar diagnoses.
- Expected payment. We also track hospital's payment for each case from you and from your insurance company. In some cases payments are more than our costs (most insurance companies pay higher than our costs), and in other cases payments are less than our costs (usually Medicare, Medicaid and uninsured cases).
- Gross charges. The least important number that we track is our gross charges. Nearly all hospitals have gross charges that are much higher than costs or expected payment (sometimes two to three times higher). Gross charges are the basis upon which hospitals calculate discounts to insurers. Gross charges are like full-fare coach on airplanes: it's a price that rarely ever applies. They are also the number current used most often to make price comparisons between different hospitals.

Why are hospital bills so high?

Health care is an essential, complicated, high-technology and labor-intensive service that must be available to everyone 24-hours a day, 7 days a week, 365 days a year. To properly care for patients, hospitals must hire outstanding and highly trained doctors, nurses, technicians and other professionals. Hospitals also must purchase expensive, state-of-the-art equipment and maintain first-class facilities.

While we incur all these expenses, Wamego Health Center provides care for patients regardless of their ability to pay, and does not receive full payment for its services from most government insurance plans.