

Letter of Explanation

Ortho HOPD Provider-based Clinics

Patient name: _____ **Date of birth:** _____

Guarantor, if other than patient: _____ Relationship to patient: _____

Thank you for choosing your physician and CHRISTUS Santa Rosa Hospital – *Medical Center* to assist with your health care needs.

We share this note to inform you that you are being treated in a provider-based clinic, which is a department of CHRISTUS Santa Rosa Hospital – *Medical Center*. Patients visiting a provider-based clinic **will receive a bill from your physician** for any professional services (physician services) provided **and a separate bill from the CHRISTUS Santa Rosa Hospital - *Medical Center*** for facility-related fees. The provider-based model requires that these be split and billed separately. This is similar to the way CHRISTUS bills for other hospital based services like the Emergency Department, Therapy Services, Lab services and surgical procedures where the physicians bill individually for their services. That is why patients will receive a bill from the hospital and from the physician.

The specific amount you will be responsible for, if any, will be based on your individual insurance plan and will take into account your plan's contracted rates for the services provided and then applying any deductibles, co-payments or co-insurance. Secondary insurance, if applicable, could also impact the amount you owe.

For example:

Office Visits Your physician bills for the physician component of the visit (\$50-\$100*); CHRISTUS Santa Rosa bills for the facility component of the visit (\$115-\$155*).

X-Rays Your physician bills for the reading of the X-Ray (\$7-\$15*); CHRISTUS Santa Rosa bills for the x-ray itself (most between \$80 and \$250 each*).

Injections Your physician may recommend administering one or more injections as part of your treatment plan. When you receive a bill from CHRISTUS for the injection(s), it will appear as **361 OR SVC MINOR SURGER**. This definition was determined by the Government Agency that regulates the codes that CHRISTUS Health and all other health care institutions use to bill patients. The standard amount for the administration of the medication is \$236*. This is separate from the physician's professional fee for the injection of the medication.

*Amounts listed above reflect total charges not necessarily the patient's out-of-pocket expenses.

The medication cost will be listed separately using code **636 Drug SPEC ID DETAIL**. The charge amount for the medications will vary depending on what the physician orders. Some of these medications may be more cost effective for you to purchase through your pharmacy, and bring to your appointment for injection. Your physician and CHRISTUS Santa Rosa Hospital – *Medical Center* can help you with this process.

*Amounts listed above reflect total charges not necessarily the patient's out-of-pocket expenses.

As your health care providers, your physician and CHRISTUS Santa Rosa are committed to offering you the best care possible.

Signature: _____ **Date:** _____