

a guide  
to your  
**Hospital  
Bill**

## IMPORTANT NUMBERS

Monday - Friday  
8 a.m.-4:30 p.m.

Financial Counselors  
(985) 230-6731  
(985) 230-6869  
(985) 230-6708

Patient Financial Services (Billing)  
(985) 230-6873

Admissions Coordinator  
(985) 230-1031

## EMERGENCY TREATMENT

Patients are entitled to receive an emergency medical screening (triage) and stabilization without respect to insurance or ability to pay. Payment arrangements will only be discussed after emergency medical screening has been provided.

## FINANCIAL ASSISTANCE PROGRAM

Financial assistance is available to patients who are unable to pay for their medical services. Patients must meet certain requirements to be eligible for the following Financial Assistance Programs:

- Medicaid
- SSI
- Charity Care.

At no charge, financial counselors are available to help you with applying for Financial Assistance. Patients seeking assistance must complete an application. Please provide the following information, if applicable:

- Most recent federal and state income tax returns
- Forms approving/denying assistance from Medicaid and SSI
- Statement of monthly Social Security benefits.



*You are the reason we're here.*

P.O. BOX 2668 • HAMMOND, LA 70404 • (985) 345-2700

[www.northoaks.org](http://www.northoaks.org)

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**Thank you for selecting North Oaks Health System for your health care needs. Please take a moment to review this important information about your hospital bill. This will help you better understand how your bill will be handled.**

## **North Oaks accepts most forms of insurance.**

These include Medicare, Medicaid, Workers' Compensation, certain Health Maintenance Organizations (HMO) and Preferred Provider Organizations (PPO) plans, as well as most other health insurances. All claims will be submitted, on your behalf, to your insurance company. However, we rely on you for the following:

1. Please provide your most current insurance card and photo identification.
2. It is essential for you to know if your insurance requires pre-certification in order for payment to be made for your services. If pre-certification is required, please inform your physician immediately so there will be no delays in processing your registration.
3. Please help us protect you from having your insurance claim denied for failure to pre-certify. Failure to pre-certify additional days may result in reduced benefits or denial of your insurance claim, and you may become responsible for payment of the bill.
4. Please be prepared to pay your co-payment or your portion of the hospital bill at the time of registration.
5. If you are uninsured, please inquire immediately about North Oaks' Financial Assistance Program and/or contact a financial counselor.

## **About Your Bill**

1. Your bill includes charges for services provided by the hospital and are based on your individual health care needs.
2. There are no lump sum charges for any particular service. All charges are itemized and are based on supplies, medication and services provided to you. Every patient's

medical condition is different, and care is provided to meet your needs.

3. We understand that health care bills may be confusing. For assistance in understanding your bill, please call **Patient Financial Services** at **(985) 230-6873**.

## **Other Bills You May Receive**

The bill you receive from North Oaks Health System only contains charges for services provided by the hospital. Many doctors on staff at North Oaks are not employees of North Oaks. These may include your treating doctor, radiologist, anesthesiologist, pathologist, cardiologist or neurologist. Professional fees charged by these doctors for services provided to you will be billed separate and apart from the fees charged by the hospital.

## **Payment Options**

### **North Oaks accepts the following:**

- Cash, personal or traveler's check
- Visa, MasterCard or Discover
- Approved North Oaks Health System Payment Plan.

Our cashier's office is open Monday-Friday from 8:15 a.m.-4:15 p.m.

After hours payment can be made in any of the following ways:

- Night Drop (located at the Cashier's office)
- Mail your payment to:

**North Oaks Health System**  
**P.O. Box 1579**  
**Hammond, LA 70404**