

## Frequently Asked Questions

### Account Balance vs. Patient Balance:

Account Balance is the total outstanding due on the account.

Patient Balance is the outstanding Patient responsibility due on the account.

These balances may differ if there are multiple dates of service, or if a claim is being reprocessed through insurance. This occurs when insurance pays incorrectly and the claim requires additional review.

### Will you bill my insurance first?

Yes, as long as we receive current insurance policy information during the check-in process we will bill your insurance first.

### What if my procedure is worker's compensation?

Rocky Mountain Surgical Center requires the following information to bill for Worker's Compensation claims: claim number, date of injury, and Worker's Compensation carrier.

### Is Rocky Mountain Surgical Center a PPO Provider?

Rocky Mountain Surgical Center is a PPO Provider for the following insurances: Allegiance, Blue Cross Blue Shield, First Choice Network, Montana Health Coop, Pacific Source, and United Health Care. We also participate with most government programs including Medicare, Medicaid, and Tricare.

### How do I know what I will owe?

When you are scheduled for surgery at your Provider's office, your Provider will send over the information to Rocky Mountain Surgical Center to schedule the procedure. We are referral based only and cannot schedule directly with the patient. Once information is received from your Provider's office our billing department will review the information received. A pre-estimate letter will be created based on the Patient's benefits and the procedure scheduled. These estimate only letters are then sent out to the Patient for their review. Please be aware this letter is only an estimate and may be subject to change.

### I don't understand the codes on my statement.

Medical billing statements can be difficult to understand. Please do not hesitate to call our Billing Department with any questions. The attached statement code guide explains each journal code that may show on your statement and what it represents.

### Will you authorize my procedure?

It is recommended for Patients to check with their insurance to verify if an authorization is needed or has been done as you are responsible for your policy's terms and conditions. Your Physician's office can help with authorizing your procedure. Since Rocky Mountain Surgical Center is a referral based facility, authorizations are done by the Physician's office as they can

provide all needed documentation for consideration. This may include documentation of prior visits or conservative methods tried. Rocky Mountain Surgical Center will authorize under specific circumstances for specified supplies.

How is my procedure coded?

Medical coding is done by inputting the Physician's operative report into sets of numeric and alphanumeric sequences. Medical diagnoses are based on post-operative results only and may differ from the preoperative diagnosis. Rocky Mountain Surgical Center follows rules and regulations for Ambulatory Surgical Centers and insurance contracts. Please call our office for clarification if needed.