

Thank you for choosing Greenville, Cleveland, or Clarksdale Cancer Center for your healthcare needs. This location is considered an outpatient hospital department of Delta Regional Medical Center. Provider Based Billing is used for the services provided at this location.

Commonly asked questions about Provider Based Billing are answered below.

What is provider-based billing?

Provider-based billing is a type of billing for services provided in a hospital outpatient department including a medical office. It consists of two charges for each office visit or service, with part of the total for the physician services (professional fees) and the remainder for the department overhead (facility fees).

How will Provider Based Billing affect my bills?

You will receive two bills from us:

1. A bill for the “professional” services rendered by the provider you see
2. A bill for the “facility” services provided by a hospital outpatient facility, which covers use of the room, medical or technical supplies, equipment and support staff

Are all patients billed using provider-based billing?

The requirement to separately list professional services and facility charges for each office visit or service is required by the Centers for Medicare and Medicaid. Only patients with Medicare, TRICARE, Veteran’s Administration, Medicaid or select Medicare Advantage plans are billed with the separately listed professional service and facility charges.

Other payors, such as commercial insurance companies, do not require charges be shown and billed separately.

Will provider-based billing increase the cost of care for Medicare, Medicare Advantage, Medicaid, TRICARE, or Veterans Administration-covered patients?

Cost of care will depend on the particular insurance coverage. Benefits may be different for certain outpatient services at a provider-based billing location. Some Medicare patients may be covered by supplemental insurance and may not have to pay more out-of-pocket.

Medicare beneficiaries are responsible for the co-insurance amount on the services received. The co-insurance amounts are determined by Medicare and based on the services performed. You will need to review your insurance plan to determine what is covered and what you are responsible for.

For questions about provider-based billing, please call: 662.725.2148.

Thank you for choosing us as your healthcare provider!