



Model Notice - Hospital Pricing

Questions surrounding hospital pricing remain complex and include many factors, such as:

Prices vary based on patient needs and the level of services consumed.

A wide range of products and services are bundled into the price of a particular hospital service, including medications, supplies, tests and more.

Hospital reimbursement varies from patient to patient based on the payments mandated by different insurance companies, health plans, and government payors such as Medicare and Medicaid.

Professional fees — such as physician, radiologist, anesthesiologist and pathologist fees — are not included in your estimate. Your final bill may differ because of this.

All of these factors combine to make specific advance pricing information difficult to provide on an individual basis.

Financial Responsibility

No one likes to be surprised by the cost of their medical care. That's why it's important to understand the type of insurance you carry, along with other health care accounts, to determine what your financial responsibility is for your medical care.

Traditional Insurance

Because traditional insurance typically covers most of the cost of hospital care, patients with this type of coverage are more likely to be interested in what their personal out-of-pocket costs would be between hospitals, rather than overall hospital charges.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Learn more about surprise billing or how to receive a good faith estimate.