Provider Based Billing



What is a Provider Based Clinic?

This is a status defined by the Centers for Medicare and Medicaid Services (CMS) for hospitals and clinics that comply with specific provisions, such as close proximity, shared licensure, common ownership and control.

What is Provider Based Billing?

This refers to the billing process for services rendered in a hospital department such as a physician office owned and operated by Ortonville Area Health Services. This process takes place when the hospital owns the space and employs personnel who are involved in patient care. Medicare and Medicaid have designated specific rules and requirements for Provider Based Billing which we follow.

How does this affect my bill?

Because Northside Medical Clinic is a department of the hospital, there is a difference in how the Medicare and Medicaid patient is billed. Under 'Provider Based' status, Medicare and Medicaid require all healthcare provider services be billed in two parts. Your clinic charges may be separated into a professional charge and a facility charge.

Although this will not have any effect on the total combined charge for services, Medicare beneficiaries are responsible for the co-insurance amount on each bill. These co-insurance amounts are determined by Medicare and are based on the services performed.

The total cost of both professional and facility charges for Medicare and Medicaid patients will not exceed charges incurred by other non-Medicare patients receiving the same services.

Will there be a change in how patients receive care?

No. Patients will continue to receive excellent quality care with their provider(s) and scheduling appointments and tests will be handled as they always have been in the past.

Who can I contact if I have questions about the bills I receive in the mail?

If you have any questions about your bill, please call Patient Financial Services directly at 320-839-4096 during business hours (9:00am-4:30pm) or email them at pfs@oahs.us.