



HOW MUCH WILL MY SURGERY COST?

Trying to determine how much your surgery will cost can be very difficult and confusing. This sheet is meant to give you a basic understanding of the process.

Important Information to Know:

- What is your **deductible**?
 - o For some people this could be \$0-\$500, for others it could be \$5,000 or higher
 - The deductible is different depending on whether the provider is "In-Network" or "Out of Network"
 - When you call your insurance company be sure to ask
- How much will your insurance cover after your deductible is met?
 - Usually your insurance will call this your "Coinsurance" amount. It is usually expressed as a
 percentage
 - For example, if your coinsurance amount is 80%, then after you have met your deductible you will pay 20% of the remaining bill and your insurance will cover 80%.
- Medicare publishes a list of how much they pay providers for every procedure that they do. Commercial insurance uses that list as a guideline to determine how much they will reimburse.
 - o Most providers use this list to create their "bill" or determine their fee for service
 - They double the number to ensure that the maximum amount that the insurance company will pay is captured.
 - o In general, your insurance company will only pay what it has pre-determined it will pay. We could send a "bill" for \$1000 or \$100,000 and it would not affect the amount of money your insurance pays to us.
 - The same is true for any portion of the fee that is **your responsibly**. Your insurance makes that determination.
- If you have been seen in our office, we provide you with certain codes called "CPT" codes
 - These codes are a "guesstimate" of what we think we will be doing. There is no way to be 100% certain of what CPT code will be billed before the surgery/procedure has been done. We can only guess/assume
- If you call and give these codes, along with the below information, to your insurance company, they should be able to tell you how much it will cost you for this specific procedure based on your specific plan.
 - The fee(s) listed below is <u>ONLY for your surgeon</u>. The hospital and the anesthesiologist also give bills to your insurance company.
 - If you'd like more information on you may contact St. Luke's Patient Financial Services at 314-576-8100.



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- There is also the possibility that you will receive a bill for pathology from the hospital. This can occur in surgeries where something is removed, such as your gallbladder, or possibly for a hernia.
- Every person and every surgery is unique. While we try to give you the most common information about your surgery, it may change.

This information below is meant to give you a <u>general idea of the fees</u> associated with your procedure. It is <u>not a guarantee of claims or charged fees</u>. You will need to call your insurance company with the information below that you receive from our office.

Remember, the "Fee" is just an arbitrary number - it is NOT your bill.

| Procedure / Surgery | y Name: | | | | |
|--|---------------------|-------------|------------------------------|----------------|--|
| CPT Code: Number representation of your procedure that we are most likely to code with | | | Fee: Based on Medicare Rates | | |
| | | _ | \$_ | . 00 | |
| | | _ | \$_ | 00 | |
| Surgeon Name: | | | | | |
| Anesthesia Type: | Local | Local/MAC | LMA | General | |
| Admission Status: | Outpatient | Observation | Same Day | Same Day Admit | |
| Location: | St. Luke's Hospital | | Surgery Center | | |