

# Understanding your medical bill

STEP  
-BY-  
STEP

We understand: When it comes to a medical bill, you want to know what to expect. CoxHealth has a dedicated group of patient advocates and quality assurance team leaders who are here to work with you, answer questions and remove any confusion about your bill.

Whether you have insurance or are a self-pay patient, we'll contact you proactively to address your balance and let you know what the next steps will be.

**Our commitment:** We'll do everything we can to answer your questions and address your billing concerns. Our team is available Monday – Friday, 8 a.m. – 8 p.m.

417-520-7008 | 855-697-4527 (toll-free)

## > If you have insurance

### Step 1: Your appointment

When you make an appointment or pre-register, our staff will verify your insurance, estimate your out-of-pocket costs and explain whether you may be eligible for any other programs.

### Step 2: Insurance

Insurance billing  
Claim tracking  
Insurance payment processing  
Third-party claim submission  
Determination of guarantor responsibility

### Step 3: Patient responsibility

Day 5 We'll mail your patient-friendly statement  
Day 15 A patient advocate may call you to see if you have any questions  
Day 30 We'll call to discuss possible payment plans  
Day 35 If you haven't set up a payment plan, we'll send you another statement  
Day 35 If you have set up a payment plan, we'll send you a guarantor account summary  
Day 60 We'll send you a third patient-friendly statement if we aren't already working together on a payment plan  
Day 65 A patient advocate will again call to see if you'd like to set up a payment plan, if one hasn't already been established  
Day 85 We'll mail a Past Due collections warning letter  
Day 90 We'll call to discuss possible payment plans  
Day 105 You'll receive your final notice pre-collections letter  
Day 120 The unpaid account will be sent to collections

### Additional options

Bank loan programs are available for qualified patients.

## > If you do not have insurance

### Step 1: Your appointment

When you make an appointment or pre-register, our staff will verify your insurance, estimate your out-of-pocket costs and explain whether you may be eligible for any other programs.

### Step 2: Patient responsibility

Day 5 We'll mail your patient-friendly statement  
Day 15 A patient advocate will call you to see if you have any questions  
Day 30 We'll call to discuss possible payment plans  
Day 35 If you haven't set up a payment plan, we'll send you another statement  
Day 35 If you have set up a payment plan, we'll send you a guarantor account summary  
Day 60 We'll send you a third patient-friendly statement if we aren't already working together on a payment plan  
Day 65 A patient advocate will again call to see if you'd like to set up a payment plan, if one hasn't already been established  
Day 85 We'll mail a Past Due collections warning letter  
Day 90 We'll call to discuss possible payment plans  
Day 105 You'll receive your final notice pre-collections letter  
Day 120 The unpaid account will be sent to collections

### Additional options

For patients who qualify, we can conduct a Financial Assistance Review. Bank loans are also available for qualified patients.

