

Frequently Asked Questions Patient Accounts

Should I bring my insurance card with me?

Yes, the information on your insurance card is needed to file a claim with your insurance company or companies. When you register we will ask for information about your insurance coverage and have you sign a form authorizing your insurance company to assign benefits to Sheridan Community Hospital.

You should also be aware that your insurance card contains important information about the co-pay amounts you are responsible for on different types of services. If possible, please be sure to review your health insurance handbook prior to your trip to the hospital.

Remember, the registration process goes much faster when you bring complete insurance information with you.

Why do I have to show my insurance cards every time I come to the hospital?

To better serve our patients, we like to make sure that we have accurate and up-to-date information on file.

How will I know if a service is covered by my insurance?

Policies vary widely on which procedures, services or items an insurance company will cover. Because policies are often customized, we do not always know what your policy covers. In order to maximize your health insurance benefits, it is very important that you familiarize yourself with the policies and benefits outlined in your health insurance handbook.

Questions to ask your insurance company:

- Am I covered for (service/item name)?
- What are my benefits for (service/item name)?
- Do I need a referral or prior-authorization for (service/item name)?
- Is the provider an "in-network" provider?

Always document date, time and who you talked to for your reference, if you need to call your insurance company again.

What is Pre-authorization and what does it mean?

Pre-authorization is the approval by your insurance company to proceed with surgery or a special procedure. You must verify that this is done by the physician who will perform the procedure. Obtaining preauthorization does not guarantee that your insurance company will pay the bill.

Can you provide me with an estimate for a certain procedure?

Yes, but we will need the following information from you: A CPT (Current Procedure Terminology) code, which can be obtained from your physician and the name of the procedure.

Who can I talk to if I have questions about my hospital/clinic bill?

Patient Accounts Representatives are available Monday through Friday 8:00am- 4:30pm to answer questions about your hospital/clinic bill, insurance, and other concerns. They can be reached at (989) 831-7800 for Hospital and (989) 291-6400 for Clinic.

Does Sheridan Community Hospital submit bills for patients who have insurance with which we do not contract?

Sheridan Community Hospital bills all insurances if complete billing information is provided.

Why am I getting a bill when I have not been to the hospital?

You may receive a bill from the hospital even though you were not a patient. If your doctor performed lab work for you in his office and sent it to the hospital for analysis, you will receive a bill from the hospital for the service. You will also receive a bill from your doctor for his services.

Why am I getting another bill when I already paid?

The statement may have been mailed before the payment was posted to your account. Call us at (989) 831-7800 for Hospital or (989) 291-6400 for Clinic to verify. Please provide your account number if available, your name, and your date of birth, and we will verify that the bill was paid.

What financial assistance is available if I have difficulty paying my bill?

You may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. Financial assistance includes discounts for services provided to patients who are uninsured or underinsured. For more information, please contact the Patient Financial Assistance Coordinator at (989) 291-6264 or (989) 831-1657 for free, confidential assistance.

If Sheridan Community Hospital is "out-of-network", may I still go there?

Yes. In an emergency, always go to the closest hospital. Your insurance provider generally will cover emergency department costs or transfer you to an "in-network" hospital if it is safe to do so.

If you choose to go to an "out-of-network" hospital in a non-emergency, you may be required to pay a larger deductible or a greater portion of your bill. Call your insurance company to find out your health plan's "out-of-network" options.

How do I know if Sheridan Community Hospital contracts with my health plan?

To receive full insurance benefits, some insurance providers require patients to receive services with “in- network” or “participating provider” hospital and physicians. Call your insurance provider to make sure Sheridan Community Hospital is in your network.

How can I be sure my insurance provider will pay my bills?

Your health plan may:

- Require certain services to be authorized, or pre-certified, before you receive them
- Require you to notify them within a certain period of time after services are rendered

Find out your health plan’s requirements by reading the information given to you by your insurance provider or employer, or by calling your insurance provider directly.

You also may call Sheridan Community Hospital Patient Accounts Representative to discuss insurance payment concerns at (989) 831-7800 for Hospital or (989) 291-6400 for Clinic.

Does Sheridan Community Hospital send the necessary information and paperwork to insurance providers?

Yes. However, they sometimes need more information from you to process a claim. If you’re unsure, you can contact your provider to make sure they have what they need.

You can also contact Sheridan Community Hospital Patient Account representative with questions at (989) 831-7800 for Hospital or (989) 291-6400 for Clinic.

Does Sheridan Community Hospital bill secondary insurances?

Yes, Sheridan Community Hospital is dedicated to helping you receive full benefits from your insurance provider. You will be asked to provide complete insurance information upon registration. Be sure you have a copy of your insurance cards at that time. As a service to you, we will submit secondary claims along with required EOBs to your insurance provider. However, if your insurance provider doesn’t make payment within 60 days, we will ask you to pay the amount owed.

What if I don’t have health insurance?

Emergency service will never be delayed or withheld on the basis of a patient’s ability to pay. For general care, if you do not have health insurance, call:

Patient Financial Assistance Coordinator at (989) 291-6264 or (989) 831-1657

Patient Financial Assistance Coordinator will review payment and financial assistance options that may be available to you.

Will Medicare or my health insurance cover my healthcare services?

Most Medicare patients will be covered by their supplemental insurance and will not have to pay more out-of-pocket. Medicare patients without supplemental insurance will pay the annual deductible and coinsurance amount after the Medicare payment.

Patients with health insurance will need to check with their insurance provider to determine what will be covered by their insurance plan.

May I pay my bill with a credit card?

Yes. Sheridan Community Hospital accepts Visa and MasterCard.

Why did I receive a bill for a doctor I did not see?

Certain physicians help with your medical care even though you may not meet them. Commonly, these are the doctors who read your lab results, x-rays and EGKs, among others.

What if there is a mistake on my statement?

If you have billings questions, call the Patient Accounts department:

Hours: Monday – Friday 8:00am – 4:30pm

Phone: (989) 831-7800 for Hospital or (989) 291-6400 for Clinic.