Services Not Billed by CalvertHealth

During your stay at CalvertHealth, you may receive treatment from providers who will bill you separately for their services. If you have questions about their bills, contact them directly. Contact information for some of the providers is as follows:

**Emergency Room Physicians**
Emergency Management Associates, PA, PC
240-686-2310

**Anesthesia**
Chesapeake Anesthesia / 908-653-9399

**Radiology**
American Radiology Associates / 1-800-255-5118

**Pathology**
Nancy I. Ulanowicz, MD / 1-800-492-5153

**Hospitalist Services**
Maryland Inpatient Care Specialists
443-949-0814

**All American Ambulance** / 301-952-1193

**Durable Medical Equipment**
Grace Care, LLC / 410-586-3126

**Laboratory**
LabCorp / 1-800-859-0391
Quest Diagnostics / 1-800-638-1731

You may also receive bills from physician practices who participate in your care. The invoices should have correct information on them. To obtain contact information for individual physicians, please call our physician referral line at **1-888-906-8773**.

If you have further questions, please call the CH Patient Financial Services Team and we will do our best to advise you.

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**NOTICE TO PATIENTS**

CalvertHealth serves all patients regardless of ability to pay. Financial assistance for essential services is offered based on family size and income. You can apply by calling:

410-535-8268.

Billing Questions: 410-535-8248
Financial Assistance: 410-535-8268
Credit/Collections: 800-691-3685

This facility is accredited by The Joint Commission. If you would like to report a concern about the quality of care you received here, you can contact The Joint Commission at 1-800-994-6610.

CalvertHealth does not discriminate with regard to patient admissions, room assignment, patient services or employment on the basis of race, color, national origin, gender, religion, disability or age.
Hospital billing practices can be confusing. We are here to help.

Our Patient Financial Services Team can help you with payment options including payment plans, grants and financial assistance programs as well as answer general questions about payment of your medical services.

How Does Health Insurance Billing Work?

When you receive services at Calvert Health, we will bill your health insurance provider. In order to be sure the claim is properly submitted, we need a copy of your insurance card. HIPAA regulations require that we supply insurance providers complete information on the person that carries the coverage. This includes the name, address, phone number, date of birth and social security number. Incomplete information could mean a denial from your insurance provider. When your insurance provider delays, denies or makes partial payment, you are responsible for the balance. Your insurance company may also require that you make a co-payment at the time of service.

If you refuse or are unable to provide complete insurance and subscriber information, CH will not be able to submit your bill. In this case, you will be a self-pay patient and will be asked to make a deposit for your visit today.

What If My Visit Involves Worker’s Compensation?

If we do not receive worker’s compensation information from your employer within 30 days of service, you will be responsible for your bill. If worker’s compensation is denied, we need a copy of the denial in order to bill your insurance provider.

What If My Visit Is Due to a Motor Vehicle Accident?

CH does not bill auto insurance providers. MVA patients are responsible for payment of services provided. Payment in full is due upon receipt of the bill. Please contact our Patient Financial Services Team if you need to make payment arrangements.

Why is Outpatient Observation billed differently?

Outpatient observation is different than being admitted and is not billed the same as an inpatient stay. This means that your responsibility will be different than your inpatient hospital benefit depending on your insurance plan. If you have any questions, we encourage you to check with your carrier to determine your specific coverage.

What Happens If I Can’t Pay On Time?

If your account becomes past due, CH will take action to recover the amount owed. We understand that certain circumstances may make it difficult to pay your bill on time.

What Does Medicare Cover?

“Medical necessity” is a term used by Medicare to describe the procedures that your doctor feels are necessary to manage your health. In most cases, Medicare provides payment for “medically necessary” services.

If your doctor prescribes a service that may not be covered by Medicare, you will be asked to sign an Advance Beneficiary Notice (ABN). The ABN informs you in advance that Medicare is not likely to pay for the service. By signing the ABN, you are agreeing to be responsible for payment.

What Are My Options Under Medicare?

If you are asked to sign an ABN, you can sign it and agree to pay for the services yourself or you can refuse the service or treatment. If you refuse, we encourage you to talk with your doctor about alternative options that would be covered under Medicare.

You have a right to appeal a Medicare decision of non-coverage. If you would like to file an appeal or have other Medicare related questions, please call the Medicare Beneficiary Hotline at 1-800-633-4227.