

Hospital Price Disclosure

Thank you for your interest in understanding more about hospital charges. Contained on this site you will find information that complies with the pricing transparency requirements prescribed by the Centers for Medicare & Medicaid Services (CMS). In those requirements, hospitals must provide several different types of charging elements. In general, it is useful to create a distinction between two different types of charges that exist in the healthcare industry. The first is “gross charge” that relates to the established prices that are billed to all patients regardless of insurance coverage. The second is “negotiated charge” that relates to prices insurance companies have agreed to pay for services. All patients will receive the same “gross charge” for items and services at the hospital, however, “negotiated charge” will vary based on agreements that exist with insurance companies. If a patient is insured, he or she will typically be responsible for a portion of the negotiated charge. The portion of the charge that an uninsured or insured patient will pay a hospital for services is referred to as “out of pocket” expense. An insured patient’s out of pocket expense will be dependent on the type of coverage the patient has with the insurance company. Uninsured patients should contact a hospital representative to assist with options for payment.

A simple illustration is useful:

Total Gross Charge

Total gross charge is the sum of all prices for items and services the patient received for his or her care.

How it applies: This charge will be the same for all patients regardless of insurance coverage.

Example value: \$7,500

Total Negotiated Charge

Total negotiated charge is the sum of the established payment amounts for the services the patient received.

How it applies: Will vary by insurance company depending on the agreement between the hospital and the insurer.

Example value: \$3,750

Patient Out of Pocket

Patient out of pocket is the amount the patient will be responsible to pay for the services received.

How it applies: For insured patients, will vary based on type of selected coverage with the insurer. Uninsured patients should discuss options with hospital advisors.

Example value: \$750

On this site you will see these charge elements represented. It’s important to recognize that your out of pocket expenses will be dependent on the specific services you utilize during your visit and that any information derived from the information on this site is intended for informational purposes only and does not represent any obligation or agreement. It’s always best to consult hospital or insurance representatives to gain a better understanding of what financial considerations exist for proposed services. Hospital contact information can be found [HERE](#).

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