

Hospital-Based Outpatient Clinics

Frequently Asked Questions About Billing

Beginning March 1, 2014, The Kirklin Clinic (TKC) will become part of UAB Hospital. Here are answers to questions you may have. If you have additional questions, please call Customer Service at 205-731-6055 or toll-free at 1-866-610-6055.

Q: What does “hospital-based outpatient” or “provider-based” mean?

A: These are terms that Medicare uses to describe outpatient clinics that are actually part of a hospital. Basically, it means that the physician offices at The Kirklin Clinic are now considered to be departments of UAB Hospital. It is a very common model of practice for integrated health care systems and is found in many hospitals and facilities, locally and around the nation.

Q: What are the benefits of being cared for at a hospital-based outpatient clinic?

A: Medicare acknowledges the value of providing care in an integrated, collaborative environment. Hospital-based outpatient clinics are held to nationally recognized service and patient care standards, leading to high quality care for patients.

Q: What UAB Medicine clinics will become hospital-based?

A: All clinics in The Kirklin Clinic building located on 6th Avenue South will be licensed as hospital-based outpatient clinics. Those located at the location on Acton Road will not be licensed as hospital-based outpatient clinics. If you are unsure, please be sure to ask when scheduling your appointment.

Q: How does “hospital-based” outpatient billing affect patients?

A: Patients may now receive two bills for services provided in the hospital-based clinic – one for the services provided by the physician and one for the services provided by the facility. Depending on their insurance coverage, patients may pay more for certain outpatient services and procedures. We recommend patients review their insurance benefits or contact their insurance provider to determine what their policy will pay and what out-of-pocket expenses they may incur based on the location of the services provided.

Q: What if the patient has secondary or supplemental insurance coverage?

A: Coinsurance and deductibles may be covered by a secondary or supplementary insurance policy. The patient should check with his/her benefits or insurance company for detailed answers related to secondary insurance.



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Q: Does this change apply to patients with private insurance such as Blue Cross Blue Shield, United Healthcare, MedCost, Cigna, or Aetna?

A: Yes. All insurance payors, including commercial payors, will be billed for professional and facility charges.

Q: How does this affect a patient who has Medicare, Medicare Advantage, or Medicaid?

A: Medicare and Medicaid patients will receive two separate bills for services provided in the clinic – one from the physician and one from the hospital. Medicaid patients will be required to pay two co-payments for the clinic visit – one co-payment for the physician visit and one co-payment for the hospital visit. For patients covered by Medicare or Medicare Advantage plans, non-physician charges billed by the hospital will be subject to co-insurance.

Q: Why do some patients need to complete a Medicare Secondary Payer (MSP) questionnaire?

A: As a participating Medicare provider, we are required to screen Medicare patients according to the MSP rules. At each visit, Medicare patients will be asked the MSP questions. These questions help us confirm if Medicare or another payer should process the insurance claim as primary.

Q: What can patients do if they are having difficulty paying for healthcare services?

A: Patients that are having difficulty paying for healthcare services are able to meet with the financial counseling team located at TKC. Financial counselors are located on the 2nd Floor of TKC.

Q: Do I have to make a payment before I receive services?

A: It is our policy to collect the professional charge co-payment prior to or at the time of service. Co-payment and co-insurance amounts for facility charges will be billed to the patient once the insurance claim has been adjudicated. To discuss billing policies further, patients are able to meet with a financial counselor. Financial counseling is available at TKC to all patients at the time/prior to the scheduled appointment.

Q: What should patients with health insurance ask their insurance carrier if they have questions about the new billing process?

A: Patients should ask their insurance provider if facility charges are covered in an outpatient hospital clinic. To the extent that facility charges are covered, the patient should also ask about the financial responsibility associated with the services as facility charges may be applied toward the hospital deductible and/or co-insurance portion of their benefits.

Have questions or concerns?

Contact customer service at:
205-731-6055 or 1-866-610-6055
Monday - Friday, 8 a.m. – 5 p.m.

If you are currently visiting UAB Medicine, please contact us by picking up any phone and dialing

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