

PATIENT ESTIMATES



All patient estimates are based on information provided by a prospective patient and do not include, among other things, any unforeseen complications, additional tests or procedures, and non-hospital related charges, any of which may increase the ultimate cost of the services provided. A final bill for services rendered at Ochsner LSU Health System may differ from the information provided by this website, please contact **318-626-0986** if you have any questions about the pricing.

What is usually included in a service estimate?

Estimates are based on what specific procedures normally cost, including doctor and facility fees and supplies. Actual costs may vary because there is no way to predict exactly what services will be needed. Included in the estimates are anticipated fees for items such as room and board, operating rooms, anesthesia, surgeons and when applicable, assistant surgeons. Charges such as pre-surgical consultations, tests and other supplies are not included in the estimate.

What services are included in my estimate?

The estimate includes estimated room and board (for inpatients), supplies, nursing care, equipment use, nutritional services, and any services handled by the staff of the hospital within the walls of the hospital. It does not include services listed below:

- Physicians providing you with services related to your hospital stay or visit will bill you separately. This can include fees related to specialists, anesthesiologists, pathologists, and radiologists.

I have more questions about surgical estimates. Who can I call?

- You may request additional information by calling **318-626-0986**.



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If I have health insurance, how much will I owe?

The amount you owe depends on your insurance plan. Coverage benefits can differ greatly from plan to plan. If you have health insurance, you should contact your insurance company directly to determine what your coverage will be. You may be asked to provide a procedure code, which can be obtained from your physician's office.

When I call for an estimate, what information do I need to have available?

Contact your physician's office to get the best description possible of the service that you need and its procedure code. Then, if you have insurance, contact your insurance company and confirm that the services required are "covered services" under your specific plan. If they are "not covered", then you would be considered "uninsured" for these services.

Please have the following information so we may provide you with our best estimate of your financial responsibility:

- Description of services needed – Include as much information as possible about the specific services needed as described by your physician.
- Type of services needed - For example, will you be admitted to the hospital as an inpatient overnight, or expect to be treated on an outpatient basis.
- Physician/Specialist Name - For example, if you are having surgery, enter the surgeon's name.
- If you have insurance, please be prepared to share the following:
 - Your current insurance card - Please provide the name of insurance company, type of policy (e.g. HMO, PPO, POS, Indemnity), policy holder's name, group name and number, policy number, and insurance company phone number.
 - Policy holder's personal information

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If you do not want a personalized estimate below is a link to our federally-required listing of charges for the services we provide within our facility. While we provide this information to comply with federal regulations, healthcare billing is complex. It is extremely important for you, as the consumer, to understand that standard charges may not be a relevant starting point for estimating what costs you may incur during an episode of care, and the amount actually paid by a patient will depend on that patient's insurance coverage, policy provisions and other factors. Everyone's case is different based on that patient's medical condition. We would recommend that you allow us to give you a personalized estimate for the services you are requesting by calling **318-626-0986**.

The charges displayed only include hospital charges and do not include charges that are billed separately by the physician or other professional fees. Furthermore, the actual amount paid by a patient will depend on that patient's insurance coverage, as benefit plans vary greatly.

Download our pricing for Ochsner LSU Health Monroe services

<https://www.ochsnerlsuhs.org/wp-content/uploads/2019/02/OchsnerLSUHealthMonroePricingDecember2018-3.csv>

Important information about the price listing:

- Numerous factors, such as type of plan, co-pay, co-insurance, deductible, out-of-pocket maximums, provider network and other limitations, will affect your financial responsibility to a hospital.
- The prices reflected on this site do not include charges for the physician or other professional fees, such as pharmacy, diagnostic imaging or lab work.
- The prices reflected on this site do not include any negotiated discounts between your insurance company and the hospital.

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Common Insurance Terms

These terms can help you with understanding your out-of-pocket costs for healthcare services that are not covered by your insurance benefits.

- **Deductible** is the dollar amount you must pay toward your healthcare expenses before your benefits plan begins to pay its share.
- **Copay (or Copayment)** is the fixed dollar amount of healthcare costs for which you are responsible. This is usually a flat dollar amount based on a particular service.
- **Coinsurance** is your share of healthcare costs that you are responsible for paying. This is paid after the deductible is met for the year.
- **Out-of-Pocket Maximum** is the most you will have to pay on your own for your healthcare. This includes your coinsurance and deductible. Afterwards, your insurance company will cover 100% of the covered costs.

How is Insurance Applied to Healthcare Services?

For example, if you have a health plan with a \$1000 deductible, 20% coinsurance, and a \$6000 out-of-pocket maximum. If you had a \$50,000 medical bill, you can expect the following to happen:

Deductible

Your \$1000 deductible is paid first. That leaves \$5000 before reaching your out-of-pocket maximum.

Coinsurance

Based on 20% coinsurance, you pay \$1000 for every \$4000 paid by your insurance company. For the next \$25,000 in covered medical expenses, you pay \$5000 and your insurance company pays \$20,000.

Out-of-Pocket Maximum

After you've paid your \$1000 deductible and \$5000 in coinsurance, you've reached your \$6000 out-of-pocket maximum.



You Pay



Insurance Pays

