



SURGICAL BILLING FAQ

- 1. When do I need to pay for out of pocket costs?** It is OSS policy that payment in full is made at time of service. If you are unable to pay in full, one of our financial representatives will assist you to set up a payment plan.
- 2. What financial obligations might I have?**
 - a. Deductible – a fixed dollar amount per benefit period
 - b. Copayment – a form of cost sharing in which you pay a fixed amount for a service rendered
 - c. Coinsurance – a form of cost sharing in which you pay a percentage of expenses
- 3. I have Medicare, why does my stay type matter?** Medicare out of pocket changes based upon your stay type.
 - a. Inpatient– subject to \$1,216 deductible per admission
 - b. Outpatient - \$147 annual deductible and 20% coinsurance
 - c. Outpatient Observation - \$147 annual deductible and 20% coinsurance
- 4. I stayed overnight so I am considered an inpatient, right?** No, staying overnight does not make you an inpatient. In some situations your surgeon may keep you for observation instead of discharging you from recovery but your postoperative condition does not meet the criteria to be admitted as an inpatient.
- 5. Can my out of pocket change if my stay type changes from observation to inpatient?** Yes, your estimated out of pocket can change.
- 6. Why do I receive three bills for my surgery?** You will receive one bill from OSS Orthopaedic Hospital or OSS Ambulatory Surgical Center for the facility charges that cover the cost of supplies, staff, and the operating room. Your second bill will be from OSS Health for the professional charges/physician charges. The third bill will be from Anesthesia Associates of Lancaster for the cost of anesthesia for your procedure.
- 7. How can I find out what my out of pocket will be?** For facility and professional charges, you can call 717-718-2000x2010 or e-mail ossbilling@osshealth.com