



Newport Hospital and Health Services

714 W. Pine Street, Newport, WA 99156 • (509) 447-2441

www.NewportHospitalAndHealth.org

BILLING - FREQUENTLY ASKED QUESTIONS

1. Should I bring my insurance card with me?

Yes, the information on your insurance card is needed to file a claim with your insurance company or companies. When you register we will ask for information about your insurance coverage and have you sign a form authorizing your insurance company to assign benefits to Newport Hospital & Health Services.

You should also be aware that your insurance card contains important information about the co-pay amounts you are responsible for on different types of service. Please be sure to review your health insurance handbook prior to your trip to the hospital, if possible.

2. Do I have to pay my co-payment at the time of registration?

Yes, you are expected to pay your co-payment when you register. Your insurance card should indicate the dollar amount of the co-payment required for each type of service. If you have questions regarding co-payment amounts, please contact your insurance company, your employer, or your health insurance handbook.

3. How will I know if a service is covered by my insurance?

Many health insurance plans cover all or part of your medical center charges, but policies vary widely on which procedures, services, or items an insurance company will cover. Because policies are often customized, we do not always know what your policy covers. To maximize your health insurance benefits, it is very important that you familiarize yourself with the policies and benefits outlined in your health insurance handbook. While we are happy to assist with billing questions, it is ultimately the patient's responsibility to understand their insurance benefits.

4. How will I know if my insurance company has paid my bill?

Your insurance company is responsible for sending you an explanation of benefits (EOB) when it pays your medical bill. If you have any questions regarding any information on the EOB, please call your insurance company for details.

5. What is preauthorization and what does this mean?

Preauthorization is the approval by your insurance company to proceed with surgery or a special procedure. Most procedures or surgeries require preauthorization from your insurance. You must verify that this is done by the physician who will perform the procedure. Obtaining preauthorization does not guarantee that your insurance company will pay the bill.

Questions to ask your insurance company:

- Am I covered for (service/item name)?
- What are my benefits for (service/item name)?
- Do I need a referral or prior authorization for [service/item name]?
- Is the provider a participating / in-network provider?

If you have additional questions, please contact Patient Financial Services at (509) 447-9351.