

## The HMS Billing Process

**HMS takes great pride in its ability to help you get your claims paid promptly. Several steps are involved in the claims billing process. These are the typical steps involved from the time you check-in for your visit to getting claims submitted and paid.**

1. When you go to your health care provider's office, our patient specialists will gather information about you, the person responsible for paying for the services, and the insurance payer(s) that will be billed for your services (if applicable).
2. After the services are rendered, the HMS billing office will prepare and submit a claim with your primary insurance organization for the services. In most cases, the insurance will send payments directly to the provider's office. However, if you happen to receive a check from your insurance company, your insurance company has made you responsible for remitting that payment to your provider's office. If you do not remit that payment to your provider's office you will receive a bill for those services.
3. If your insurance organization does not make a payment for your claim due to a problem with the information HMS provided on the claim, the **HMS Patient Financial Services (PFS) Department** will attempt to correct the information and re-file the claim to the payer (when appropriate).
4. After payment is received from your primary insurance payer, the PFS department will file a claim to any supplemental (secondary) insurance organizations on file for you.
5. When all insurances have been processed, you will be billed for any remaining unpaid balances that your insurance has determined to be patient responsibility. You will receive a statement(s) by mail.
6. The Patient Financial Services department will make several attempts to collect on balances but does also offer several payment options for patients to be able to easily make a payment on their account. Please visit our payment options section of this website for additional information.

### **HMS Billing Frequently Asked Questions:**

**Q. I received a bill from TRICORE Reference Laboratories for labs I received at HMS, what should I do?**

A. If you received a bill from TRICORE you must contact TRICORE at **800-245-3296**. If TRICORE asks you to contact your provider's office, please contact the Clinic Coordinator for the facility where your services were rendered.

**Q. Why am I getting a bill when I paid what I was told at the front desk?**

A. The information provided to you is an estimate and not a guarantee of payment. Oftentimes operations staff is not aware of all the services that were rendered at the visit until the provider completes his or her progress notes. This could change the amount you may owe. Also, your payer may pay your claim differently than we had anticipated. We will only bill you what your payer states is patient responsibility and/or is reflected on the explanation of benefits that you receive from the insurance company.

**Q. Why is my balance so much? Did you bill my insurance?**

A. Different variables can cause your balance to be higher than you expected, such as deductibles or non-covered services. It is also possible that we do not have the correct

insurance on file for you. If you feel that something is not correct with your billing, you can always reach out to our **Patient Financial Services** Department, they are here to help you understand your balance, correct insurance information, and/or follow up on any issues that may have been identified.

**Q. Why did I receive multiple statements this month? Each has different balances**

A. Our statements are generated by the facility location. This means that if you are receiving services at multiple HMS facilities, you could potentially receive a statement from each of those facilities. In addition, if you are a guarantor for a family member you may also receive a statement from each of the facilities they have received services at.

**Q. Why am I receiving a statement, if I paid my copay at the time of service?**

A. Often payments are applied to previous balances on your account. Although you intended to pay your copay for that day's service, your account reflected a past due amount. Part or all of your payment may have been applied to the past due amount to satisfy that balance first. Any additional amounts will be applied to the current service date, but there may not have been enough collected to cover both balances and that is why you are receiving a statement.

If you would like to pay your bill by phone or need assistance with your HMS billing, please reach out to our Patient Financial Services Department at 575-597-2498 (Lordsburg) or 575-597-2497 (Silver City). Your call will then be routed to the Patient Financial Specialist who can best meet your payor specific needs.

Thank you for choosing HMS for your healthcare needs.