

Medicare, Medicaid and Tricare patients:

Federal law mandates that any insurance that is primary be billed first. We are required to file claims using billing information that you provide regarding other health insurance coverage. It is important that you provide copies of cards or information on all other sources of coverage when you are checked in or admitted. You may be required to update this information with Medicare, Medicaid or TRICARE, as well, if the information provided to us does not match your beneficiary record.

Accident patients:

If you are injured in an accident, please let us know. Car insurance, home owner's insurance, employer's workers compensation insurance, or some other party, may be responsible for the cost of your care.

Questions:

MUSC Doctor Bills

(Billed by University Medical Associates
of MUSC)

843-792-6200 (local)
800-868-5051

Hospital Bills

(Billed by MUSC Medical Center
Hospital Patient Accounting)

843-792-2311 (local)
800-598-0624

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Billing Process

Frequently Asked Questions

Thank you for choosing the Medical University of South Carolina for your health care needs. We hope the following information will help you to better understand our billing process.

What will I receive a bill for? Why did I get two bills?

You will be billed for all healthcare services that you receive. You may receive two bills. One bill will be for the services of the MUSC doctor which are billed by University Medical Associates of MUSC. The other bill will be for hospital services which are billed by MUSC Medical Center Hospital Patient Accounting.

When you see an MUSC doctor at a hospital based clinic such as Rutledge Tower or Prenatal Wellness, the hospital owns the space where the doctor works. As a result you may get two bills; one from the hospital for the room cost, nursing care, supplies and medicines and a second from the MUSC doctor for his/her fee.

Will you bill my insurance?

If you provide us with insurance information, we will bill your insurance as a courtesy to you except in the case of a limited number of services. If you have a secondary insurance carrier, we will bill that carrier after your primary payor has paid or denied your claim.

What if I don't have my insurance card with me today?

You are required to present your insurance card, any necessary paperwork such as a referral from your primary care doctor, and proof of identity at each visit. If you do not present this, you may be considered to be "self-pay" and be required to pay at the point of service.

What if my insurance company refuses to pay or I receive services not covered by my policy?

You are ultimately responsible for all charges associated with the care you receive. It is your responsibility to ensure that the Medical University of South Carolina and its' providers are in network for your insurance policy. If your insurance does not pay the bill, you may be billed for these charges.

What if I don't have insurance?

A visit deposit may be required from uninsured patient even if you are approved for a discount. This is to be paid at the point of service and can be paid with cash, check or a major credit card.

What if I can't afford to pay my bill?

Please ask to speak with a financial counselor. You may qualify for a discount based on your income, assets and residency in the state of South Carolina. We may also be able to help you apply for Medicaid or other sources of funding for your care.

What if I don't pay my bill?

Please contact our patient accounting office if you have concerns about your bill or would like to discuss a payment plan. Bills that are unpaid may be turned over to a collection agency and may be reflected on your credit report. Since MUSC Medical Center is a state agency, the hospital may also use any state income tax refund you are due to offset bills you owe.

What is outpatient hospital place of service?

As stated previously, when you see an MUSC doctor at a hospital based clinic the hospital owns the space where the doctor works. Many insurance plans pay for health care services provided in an outpatient hospital setting differently than those provided in a doctor's office. Your insurance may require that you meet your annual deductible and/or require that you pay a percentage of the bill rather than just an office visit co-payment. You should check with your insurance if you have any questions.

What if I have to stay at the hospital for observation or overnight?

There are two ways that you might be admitted. If you are placed in an observation status by your doctor, you are considered an outpatient and costs will be covered under your outpatient insurance or Medicare Part B. When appropriate, you may be admitted as an inpatient and your admission will be covered under your inpatient benefits or Part A of your Medicare coverage. In both cases, you will be responsible for paying your deductible or other co-payments required.

What about my prescription medicines? Should I bring them with me?

If you take certain prescriptions regularly, please ask your doctor if you should bring them with you if you are having surgery or going to be admitted to the hospital. Please be aware that Medicare policy states that any drug that can be self-administered while being treated as an outpatient (such as an observation stay or ambulatory surgery) is not covered by Medicare and must be billed directly to the patient. Hospitals are required by Medicare to follow this policy. (For any questions about Medicare's policy, call the Medicare service center at 800-MEDICARE).