

Financial information about having surgery at NYU

We realize that health insurance and medical care in US has been getting increasingly complicated. It is a challenging situation for doctors and patients, and we hope that information below can help answer some of the questions you might have about our practice. Bottom line: most of the time insurance will cover your surgery if it is indicated. Below are some of the details.

Question: What does your office do to make sure it is covered by my insurance?

Answer: A few weeks prior to your surgery, we check with your insurance if prior authorization or pre-certification is required for surgery. If it is required, we obtain the necessary authorizations. However, authorization does not guarantee full coverage (see below).

Question: I am scheduled to have surgery at NYU. How can I find out if my care will be covered by insurance? Will I be responsible for any payments before of after surgery?

Answer: Despite this very simple question it is not an easy one to answer.

1. Surgeon's fee

Surgeons working for the hospital have different financial arrangement with the hospital, but in this practice, a code is submitted for each specific procedure by the surgeon, and the billing department submits this charge to the insurance company. Surgeon does not benefit financially from any charges and she gets paid a pre-determined salary. This is called "surgeon's fee."

2. Hospital charges

In addition to surgeon's fees, hospital will charge for hospital fees. This is also sent directly to the insurance company by the hospital.

While NYU has several services, which help you, estimate how much your overall care might cost, the most accurate way to find out about the coverage of the cost for your surgery is directly from your insurance company. The reason for it is that different insurance companies have different coverage rules. In addition to that, your individual plan might have a deductible (see below). When calling your insurance company, you should have procedure code ready (which can be provided by your surgeon) and state that you are having surgery at NYU and ask for an estimate of out of pocket costs.

The real difficulty is that despite all these efforts to figure out the cost of care ahead of time, it is only an estimate, and final cost might not be the same as what was estimated beforehand.

3. Anesthesiologist fees:

Please see the following link:

<http://www.med.nyu.edu/anes/patients/billing-information>

Question: I would like to know how much NYU would charge me for my surgery

Answer: Hospital has a customer service line (212 263 1481), which can provide you with what is called “charge master” or “standard charges” for each procedure. This information, however, will not help in figure out what your insurance company will or will not cover.

Question: I got a bill from my doctor for an office procedure or a visit. I have questions about it. Who can help?

Answer: For questions about individual bills from physicians you should call professional billing at 877 648 2964. Your physician cannot resolve those questions for you as they do not control any billing procedures. However, you can ask for them to advocate on your behalf if their input would make a difference.

Question: I had surgery at NYU, and how I have questions about my claims about surgery or hospital charges. Who do I call?

Answer: Call customer service 1800 237 6977.

Question: When I bought my health insurance, I thought everything was covered. Now I am responsible for paying for some part of my medical care. How can I find out more about this?

Answer: Unfortunately, in the last decade, cost of health care has been shifting from insurance companies and employers to employees and to patients. That means that your co-pay (how much you pay for each visit) as well as deductibles (how much you have to pay out of pocket before any insurance coverage kicks in) have been going up. This is completely separate from your premiums, which is what you pay on a monthly basis as actual “insurance.” For example, you might be paying \$300 per month for your insurance. In addition to paying \$300 on a monthly basis, you have to pay a certain amount for each visit or procedure, which is what co-pay is. While in the past, patients had \$5-10 co-pays per visit, now they might be as high as \$15-50. Deductibles can be as high as \$1000-5000 per year; this means that you would have to pay \$5000 out of pocket before your insurance company pays anything for your care. We try our best to inform you of any upcoming fees for visits or procedures based on the coverage you have.