



Hospital Handout: Patient Request to View Standard Charges

- The Inpatient charges represent the standard charges for diagnosis--related groups MS-DRGs. Each patient admitted to the hospital gets assigned one DRG for that visit. It is based on a number of factors: the main diagnosis for the admission, along with other conditions noted, procedures performed, and age of patient. Other conditions that can influence the MS-DRG assigned are complications and comorbidities that cause the hospital stay to be longer in many persons. Providing information about MS-DRGs can give you an idea about the types of cases that particular hospitals are seeing. Actual charges may be different for specific patients due to medical condition, length of time spent in surgery or recovery, necessary specific equipment, supplies or medication, complications requiring unanticipated procedures, or other treatment ordered by the physician.
- If a patient has health insurance, significant discounts have already been obtained by the insurance company and the patient only needs to pay the deductible, copay and/or coinsurance. Patients should contact their health plan directly for their specific financial obligations that aren't reimbursed by insurance.
- If a patient does not have health insurance, significant discounts are available that will result in the care being provided or at a greatly reduced price. Hospitals also have other programs to assist patients with a financial need.
- Contacting the patient financial services office at the Hospital can help determine which discounts can be applied.
- This charge information does not include the professional services provided by a physician, surgeon, radiologist, anesthesiologist, pathologist, advanced practice nurse or other independent practitioners.
- This information is not a quote or a guarantee of what the charges will be for a specific patient's care.
- Patients will likely receive separate bills for the physicians and other professionals who provided treatment. These physicians may not be participating providers in the same insurance plans and networks as the hospital. As such, there may be greater patient financial responsibility for these services which are not under contract with the health plan.
- An important component for choosing a healthcare provider is determining quality of care. Your doctor can be a helpful resource in choosing where to obtain care. Further Medicare hospital--specific quality outcome measures are located on [Hospital Compare](#).
- A helpful document for further information regarding hospital prices is the Healthcare Financial Management Association's [Understanding Healthcare Prices: A Consumer Guide](#).