McLaren-Flint is a not-for profit health care facility committed to providing quality, affordable, care to all patients. McLaren generates its operating income from charges, for services received by patients. Naturally, it is important that we are paid promptly for these services so that we can continue to meet the healthcare needs of future patients. McLaren-Flint makes every effort to keep healthcare costs down, but that does not alter the fact that patients will be billed for services not covered by insurance.

Financial Assistance

In keeping with the values of McLaren Health Care to improve the health and well being of the people of the Mid-Michigan Community and to fulfill the responsible stewardship of our public trust, we will provide Financial Assistance for patients who qualify. Eligibility is based on the Federal Poverty Guidelines. Forms are available in the Financial Counselor's office at the medical center or by calling the Patient Accounts Department at 810-342-2219.

Helpful Numbers

If you would like to pre-register for an upcoming procedure, or if you need to update your insurance information call Patient Registration (810) 342 2190.

If you need information on your account balance, payment arrangements, or questions about your bill call Patient Accounts (810) 342 2219.

Thank you for choosing McLaren-Flint for your health care needs.

McLaren
FLINT

401 South Ballenger Highway · Flint, MI 48532
(810) 342 2000

mclaren.org

M-41 (5/12)

Payment Policy

We'll help you find the answers you're looking for.

McLaren
FLINT

Payment Policy

Insurance Billing

During the registration process demographic, employer and insurance information will be collected. Insurance information provided to us will be billed to the insurance carrier. It is your responsibility to know and understand how your insurance plan will pay the maximum benefit for services you or your family receives at any health care facility. Many health insurances require prior authorizations, referrals, and utilization of facilities and health care providers within a network designated by the health plan. Most insurance cards have a 1-800 number on the back of the insurance card that will provide benefit guides, and the benefits coordinator at your place of employment may also help you with any questions you have about your insurance plan.

Prior Authorization

An increasing number of insurance carriers are now requiring authorization prior to receiving hospital services. Most plans rely on the physician or policy-holder to initiate the prior authorization procedure. Failure to meet this insurance requirement may result in partial or complete denial of insurance benefits and will be the responsibility of the patient.

Co-Pays

Any applicable co-pays or deductible are due at the time of service. Payments can be accepted by the hospital cashier Monday - Friday 8:00 a.m. - 4:30 p.m.

Medicare

McLaren-Flint is a certified Medicare provider of healthcare services. The Patient Accounts department will submit claims to Medicare for services provided (Supplemental insurance claims for deductibles and co-insurance when valid secondary insurance policy information is presented at the time of registration or admission). The supplemental billing can only be completed after Medicare payment has been received. Medicare guidelines require that Secondary Payor questions occur during the interview with Patient Registration, and be updated during recurring therapy treatments. Medicare guidelines may also require that health care facilities provide notice to you in advance for treatment of services not covered.

Advanced Beneficiary Notice

For those services that may not be deemed a benefit under Medicare, you will be asked to sign an "Advanced Beneficiary Notice." This is a record that you were advised that the service may be not paid by Medicare. You will be responsible for the bill for these services.

Medicaid

McLaren-Flint participates in the Michigan Medicaid program and will submit claims on behalf of the patient. The patient will be responsible for any liability disallowed by Medicaid spenddown and copay amounts. Medicaid has managed care plans that require prior authorization and referrals for health care services.

Workers Compensation

McLaren-Flint may require written or verbal authorization from the employer for outpatient worker's compensation procedures. At the time of admission registration claim numbers, accident/injury dates and locations will be obtained.

Health Maintenance Organizations

McLaren-Flint will submit claims for various HMO's. Health Maintenance Organizations require referrals, prior authorizations, and utilization of health care facilities within networks. The patient is responsible to know and follow the rules of HMO's and PPO's. The patient is responsible for all copays/deductibles.

Accidents/Injuries

McLaren-Flint will submit claims for services provided as a result of a vehicle or public liability accident. Valid auto or claim insurance information should be provided at the time of admission/registration.

Payment Plans

McLaren-Flint will establish payment plans for patients who have unpaid accounts. The plan will have minimum monthly payments based on the amount owed and payment of the account within a reasonable time frame.

Physician Charges

You will be billed separately by your personal physician and any other private physician whose services were part of your hospital care. Private physicians may include anesthesiologists, radiologists, and consultants.