If you have Medicare or Medicaid, your rate is based on a system called Diagnosis-Related Groups (DRG's). All other types of insurance, if applicable, are based on the hospital's charges or on negotiated discounts with your insurance company.

Your insurance company will automatically be billed on your behalf, provided you submitted the necessary information before you were admitted. Within 30 days, you will receive an itemized statement indicating the amount your insurance company has paid and, if applicable, the remaining balance to be paid by you.

Please keep in mind that you will receive separate statements for each date of service. For instance, you will also receive separate bills for use of the hospital facilities in addition to the professional service fee of the physician. Other tests that may be billed separately include x-rays, laboratory, cardiology and consulting physicians; such services are provided by independent physicians who are not employees of the hospital.

You have the right to receive all the hospital care that is necessary for the proper diagnosis and treatment of your illness or injury. According to federal law, your discharge date must be determined solely by your medical needs - not by DRG's or Medicare payments.

You will be asked to sign a "Consent for Appeal" form prior to services being rendered. This will

enable St. Joseph's Healthcare System to appeal the insurer's decision regarding reimbursement.

For additional information, questions or concerns, please contact your social worker/case manager:

St. Joseph's Regional Medical Center and St. Joseph's Children's Hospital: 973.754.3155

St. Joseph's Wayne Hospital, a division of St. Joseph's Regional Medical Center: 973.956.3707

Because we understand that hospital bills can be confusing, we assign a Patient Financial Representative to answer your questions, and iron out any difficulties. The representative who will handle your account will meet with you during the Pre-Admission Testing process, or shortly after you are admitted. He or she will discuss arrangements for paying your bill and will be glad to answer any questions you may have about charges, your insurance coverage, or payment.

If you need financial assistance, your Patient Financial Representative will explain possible public-assistance programs or credit arrangements. Financial arrangements are to be made prior to any "elective" (non-emergency) admission.

For additional information or to contact your patient account representative, please contact:

973.754.2150

Monday - Friday: 8 a.m. to 5 p.m.

St. Joseph's will remain in-network with Horizon NJ Health (Medicaid). St. Joseph's Healthcare System has completed mutually agreeable contract negotiations with both Horizon Blue Cross Blue Shield of New Jersey and Horizon NJ Health (Medicaid). As the result of this latest contract St. Joseph's will remain in-network on January 1, 2012, without a lapse of coverage for all Horizon products.

We truly appreciate your support and efforts on behalf of St. Joseph's Healthcare System during this extended and highly visible eight-month contract negotiation process.

Be assured that St. Joseph's Healthcare System will continue to provide our patients and our community with advanced quality services as we have for nearly 145 years.

St. Joseph's can help you with your questions and concerns related to Horizon coverage.

Please feel free to call us at 973.754.2150, weekdays between 8:30 a.m. and 5:00 p.m., or email billingquestions@sjhmc.org