



FINANCIAL PLANNING

UNDERSTANDING THE
BILLING & FINANCIAL PROCESS



Financial Counselor
(803) 791-2490

Customer Service
(803) 791-2300 or 1-877-835-0975

2720 Sunset Boulevard • West Columbia, SC 29169
LexMed.com



The purpose of this brochure is to familiarize you with your account processing. If you have special needs, our staff will assist you in finding the financial program that best fits your needs.

Lexington Medical Center is dedicated to the goal of providing the finest health care services for you, our patient-customer.

To ensure the success of this commitment, we must be financially responsible. We take a positive, patient-friendly approach to patient billing and collections with the goal of encouraging payment as quickly and efficiently as possible in order to minimize any inconveniences to you, our customer. We also understand that navigating the patient billing process can be a difficult task and that is why our customer service department is available to assist you in any way possible.

Just call the customer service telephone number that appears on the bill that you receive. Please also remember that you will receive statements from other providers that were involved in your care such as, but not limited to: your physician, anesthesiologist, radiologist, pathologist, etc.

The Patient Bill

As a general rule, we attempt to collect all known patient balances. This includes deductibles, coinsurances and co-payment amounts. Due to the complex nature of patient care, in many cases your bill is not finalized until after you have been discharged from our facility.

Processing Your Account

If you have insurance benefits that we are able to verify, we will submit a claim to your insurance company. We typically will not contact you again until your insurance company has paid and there is a patient balance, or we have been unsuccessful in obtaining payment from them. Should this occur, we may ask for your assistance in getting your insurance company to pay the claim.

If you do not have insurance, a bill will be sent to you after services have been rendered. The bill will request payment of the balance in full. If you are unable to pay the entire amount or wish to make payment arrangements, please call the telephone number on your bill. Our customer service department will be glad to assist you.

Health Insurance Marketplace

With the addition of the Health Insurance Marketplace, you may find medical insurance options that fit your budget and needs. For more information, visit HealthCare.gov or call 1-800-318-2596. Text telephone (TTY) users should call 1-855-889-4325. Our Customer Service department can also provide you with information on how to contact a navigator to help you with the website and available policies.

We accept cash, checks, MasterCard, Visa, Discover and Debit/ATM cards.

Financial Assistance Programs

Patients with limited or no insurance coverage may qualify for government-sponsored assistance programs, or LMC's Financial Assistance Program (FAP). Contact our financial counseling staff for assistance with the application process. These programs are designed to assist patients with limited financial resources who have an inability to pay their hospital bills. We have experienced financial counselors, government program specialists and "onsite" Department of Social Services staff who are available in person or by telephone to assist you, by navigating through all options available in getting your hospital bill paid, and in many situations, help with providing medical insurance coverage for future medical needs. These programs can be, but are not limited to, the following:

- Medicaid Programs
- Social Security Disability Programs
- Financial Assistance Programs

The hospital uses Department of Health and Human Services standards to determine a person's eligibility for FAP. Those patients who are uninsured and do not meet the FAP guidelines can contact our customer service department to make payment arrangements. Below are examples of households with 1-5 family members that may qualify for FAP, if all other criteria are met:

FAP GUIDELINES		
Family Size # of people	Poverty Guideline	LMC 0%–200% (100% Reduction)
1	\$11,770	\$23,540
2	\$15,930	\$31,860
3	\$20,090	\$40,180
4	\$24,250	\$48,500
5	\$28,410	\$56,820

If you have problems paying your hospital bill, please contact our financial counselors locally at (803) 791-2490 or toll free at (877) 835-0975. They will be glad to assist you.