Hospital-Based Outpatient Departments

Frequently Asked Questions

Beginning August 1, 2024, The Arthritis Clinic, Pain Clinic, Chiropractic Clinic and Neurology Clinic will become departments of TRMC. Here are answers to questions you may have.

Q: What does "hospital-based outpatient" or "provider-based" mean?

A: These are terms that Medicare uses to describe outpatient clinics that are actually part of a hospital. Basically, it means that these clinics are now considered departments of TRMC. It is a very common model of practice for integrated health care systems.

Q: What are the benefits of being cared for at a hospital-based outpatient clinic?

A: Medicare acknowledges the value of providing care in an integrated, collaborative environment. Hospital-based outpatient clinics are held to nationally recognized service and patient care standards, leading to high quality care for patients.

Q: Which clinics will become hospital-based?

A: Arthritis and Osteoporosis Center of South Georgia, Affinity Neurology, Tift Regional Pain Management and Southwell Chiropractic will be licensed as hospital-based outpatient clinics.

Q: How does "hospital-based" outpatient billing affect patients?

A: Patients may receive two bills for services provided in the hospital-based clinic – one for the services provided by the physician and one for the goods and services provided by the facility. Depending on their insurance coverage, patients may pay more for certain outpatient services and procedures.

Q: What if the patient has secondary or supplemental insurance coverage?

A: Coinsurance and deductibles may be covered by a secondary or supplementary insurance policy. The patient should check with his/her benefits or insurance company for detailed answers related to secondary insurance.

Q: Does this change apply to patients with private insurance such as Blue Cross Blue Shield, United Healthcare, MedCost, Cigna, or Aetna?

A: No this will only apply to Medicare, Medicare Advantage, Medicaid and Medicaid Managed Care.

Q: How does this affect a patient who has Medicare, Medicare Advantage, or Medicaid?

A: Medicare and Medicaid patients will receive two separate bills for services provided in the clinic – one from the physician and one from the facility. Medicaid patients will be required to pay two co-payments for the clinic visit – one co-payment for the physician visit and one co-payment for the facility visit. For patients covered by Medicare or Medicare Advantage plans, non-physician charges billed by the facility will be subject to co-insurance.

Q: What can patients do if they are having difficulty paying for healthcare services?

A: Patients that are having difficulty paying for healthcare services are able to call the financial counseling team at TRMC 229-353-6124 Option 2 to see if they qualify for full or partial assistance.

Q: Do I have to make a payment before I receive services?

A: It is our policy to collect the professional charge co-payment prior to or at the time of service. Co-payment and co-insurance amounts for facility charges will be billed to the patient once the insurance claim has been adjudicated.

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If you have questions regarding your bill, please call 229-353-6124, Option 1.