

Navigating the waters of healthcare billing can be a daunting task for any patient or caregiver. The following are the most commonly asked questions about the billing process:

1. How can I obtain an itemized bill or a UB04 for Aflac?

Call the Cashier Line at 816-792-7052 between the hours of 8:00 a.m. and 4:30 p.m. Monday-Friday.

2. I went to the hospital and now I am getting a bill from physicians I've never seen. Why?

When you go into the hospital, you will receive several bills. The first portion is for the hospital (technical component). This includes the room, nursing care, equipment used, housekeeping services, meals and linen services. It may also include services ordered by your physician such as laboratory tests, x-rays, medical supplies and oxygen. The second component is from the physicians for the reading and interpretation of radiology and lab procedures (professional component). This could also include any specialists you saw in your room while being admitted. You will receive a separate bill from any physician for his/her services that you received. This type of billing can be confusing. However, federal regulations require that technical and professional charges be billed separately. In addition, you may also receive bills from: emergency room physicians, hospitalists, surgeons, consulting physicians, anesthesiologists, etc. The hospital does not bill for these independent contractors. They will send you a bill from their billing company of choice.

3. Who do I call if I believe there is an error on my bill?

Contact our Customer Relations Coordinator at 816-407-4873 with the specific charges you are questioning. Often they will have to contact our medical records department in order to answer your question.

4. Why did my insurance company not make a payment?

The most common reason you will not see an insurance payment on your statement is due to your policy deductibles which must be met before any benefits are payable. If you have met your deductible, and see a payment, but still received a bill, it is because after your deductible is met, co-insurance steps in until your out-of-pocket has been reached. Once you pay your out-of-pocket amount, your insurance then begins paying 100% of covered services.

You will also notice a discount taken on your bill if you have in-network insurance – that means since we are in-network with your insurance, we have agreed to a “contractual amount” for services. If you have in-network insurance, you will never be billed the amount we bill an insurance. Other reasons could be your insurance is out-of-network with Liberty Hospital or services were non-covered.

5. Do I have to pay at the time of service?

A Patient Registrar will run an estimate for any tests (lab not included) or surgeries you will receive that will pull your insurance benefits. Any deductible, co-pay or co-insurance, if applicable, will be due. The Emergency Department Patient Registrar will request your ER co-pay at time of registration. No estimate will be given if you are admitted.

6. What if I can't afford to pay my bill?

Contact our Financial Counselor immediately at 816-407-4861 to see if you qualify for any discounts based on your income.

7. Do you offer any discounts on the hospital bill if we don't qualify for low-income assistance?

All patients are expected to pay any balance not paid by insurance within 30 days of billing. As an incentive, Liberty Hospital has offered patients a 15% discount if they meet that expectation. If you live in Liberty and own personal property, Liberty Hospital also accepts the "hospital tax" portion off your paid tax receipt. This discount is a one-time discount since you only pay that portion once. The tax receipt must be the year prior of the date of service and you must come into the Cashier's office with the receipt to receive the discount.

8. What if I can't pay my bill in full but do not qualify for low-income assistance?

Liberty Hospital offers in-house payment plans (3-12 months) and extended payment plans, depending on your balance owed, through Commerce Bank. These extended payment plans are interest free and no credit checks are run. They take over the balance and you will pay them directly. Please contact Patient Accounts at 816-792-7110 to receive additional information.

9. I received notice that I was sent to a collection agency. Why didn't you bill my insurance? Why did you send me when I have been making payments?

Your insurance may have been billed and this is the balance due after insurance (copay, co-insurance, deductible). Or we may require more information to bill your insurance. As noted on your statements, your balance is due, in full, at the time of billing. Our billing system requires a formal payment plan to be entered to prevent a patient's account from being referred to collections. Please contact our Cashier at 816-792-7110 for more information regarding your account if it was sent to collections or contact the collection agency from whom you received a bill.

10. Can you put my current balance into deferral due to COVID-19?

If you are unable to make a smaller payment than your agreed-upon monthly payment, we will work with you on a temporary reduced payment or defer your payment for 30 days. Please contact our Patient Account Department at 816-792-7110, Option 1 and Option 1 again.

11. Will I get a bill from the hospital if I was treated for COVID-19?

Many insurance companies are waiving patient liability for COVID-related illnesses. Please reach out to your health plan for details on how they are processing claims. If you feel you are receiving a bill in error, please call 816-407-7822 and our Patient Account Representatives will be happy to assist you.