

How does Renown's billing work?

Step 1: Upon arrival of your service, we will ask for your health insurance card and other information.

Step 2: You will be asked to pay for your portion of the estimated bill at the time of service.

Step 3: We will contact your insurance company to collect the portion they owe. Sometimes the insurance company will not pay right away because they require more information. This might slow down payment on your account, and delay us from sending you a statement.

For hospital-based services, after your service, we will send you an informational statement. This is not a bill, but a state of Nevada required summary of your services that typically arrives within 30 days of your visit. Often times, the amount on this statement may be different from the actual payment due.

Step 4: If a claim is denied because the insurance company does not have enough information, we will work with you and your insurance company to obtain any missing information. In the case that there is a secondary insurer, we will work with them as well.

Step 5: Once all insurance payments are received, we will send you a bill with any unpaid balances your insurance indicated is patient responsibility.

If you are uninsured, you will receive a 30 percent discount from your total charges, with the exception of any same-day packaged self-pay price. A self-pay package rate is a flat rate that is offered for certain services for uninsured patients. The package rate price is determined by the acuity level and/or tests/services that are received, and must be paid in full prior to discharge in order to satisfy the entirety of the Renown bill.

What will I owe?

Your out-of-pocket expense depends on the type of insurance you have. Typically, contacting the insurance provider directly is the best way to find out your financial responsibility. Find the scenario below that most closely matches your insurance situation for more information.

Private Insurance

Call your insurance company for the best information on your out-of-pocket expenses.

Our Mission

Renown Health makes a genuine difference
in the health and well-being of the people and communities we serve.

If you are a member of Hometown Health, [visit their website](#) to learn more about your plan.

If you are responsible for a percentage of the charge, or co-insurance, you can visit mychart.renown.org, or call [775-982-3993](tel:775-982-3993) to get an estimate for your services.

Medicare or a Medicare Advantage Plan

Check the [Center for Medicare & Medicaid website](#) for an overview of your benefits or call your insurance company for information on your out-of-pocket expenses. For Medicare questions that are specific to services provided at Renown, please call [775-982-4130](tel:775-982-4130) or [1-866-691-0284](tel:1-866-691-0284).

Medicaid

Check the [Nevada Medicaid](#) website for an overview of your benefits. For Medicaid questions that are specific to services provided at Renown, please call us at [775-982-4130](tel:775-982-4130) or [1-866-691-0284](tel:1-866-691-0284).

No Insurance

If you can pay your bill, you can save money by paying it within 30 days of receiving your bill or statement.

If you don't have the means to pay your bill, we have financial counselors who can help you find assistance programs for which you qualify. To speak with a financial counselor, please call [775-982-4110](tel:775-982-4110).

What is Renown's payment policy?

We work hard with every patient to arrange payment for your healthcare services. However, even if you have a modest income, we expect everyone to contribute something to the cost of his or her healthcare.

If you do not pay what you owe for your services, you eventually will be turned over to a collection agency but only after several billing notices and attempts to contact you. We are always willing to work with patients who make reasonable efforts to pay for their healthcare services.

Account Statements and Contact Attempts

You will receive a series of written notices for your bills in the following order:

Our Mission

Renown Health makes a genuine difference
in the health and well-being of the people and communities we serve.

1. An initial statement with a summary of your charges (for hospital-based services only)
2. At least five written notices to contact you via mail

These contacts will occur over a 120-day period from the first attempt to contact you.

You will always have the ability to ask us for an itemized statement or contact a customer service representative about your bill.

If you have not submitted payment or make payment arrangements with us after five written notices, we will send your account to a collection agency. Additionally, your account will be sent to a collection agency if you indicate at any time that you will not pay your bill or the written notices are returned due to an invalid address. Renown does offer patients a 10 calendar day grace period from the date the account is sent to collections. Please contact our Renown Billing office at 775-982-4130 or 1-866-691-0284 in that case and a representative will gladly assist if you are able to pay your balance at that time.

Renown Health wants all patients to have a clear understanding of their statements and options to pay. We are glad to provide clarity on any accounts sent to collections as well. The best way to get those questions answered, or clarify whether or not you were sent to collections in error, is by calling one of our Renown Billing office representatives. They will be happy to review your statements and balances with you. Please call us at [775-982-4130](tel:775-982-4130) or [1-866-691-0284](tel:1-866-691-0284).

Why do I see the same items on the doctor's charges as I do for the hospital's charges?

Physicians and hospitals may bill a patient separately for healthcare services provided. Quite commonly, patients may receive bills from physicians who are not employed by the hospital in which they practice medicine. The hospital charges are the costs incurred by the hospital facility, such as room and board, supplies, medications administered, and tests performed. The physician can bill a patient for their independent services, such as their time spent with a patient during an office visit, surgical services or procedures they performed, or consultations and treatments they rendered. A few examples of healthcare providers our patients may receive separate healthcare bills from may include, but are not limited to:

- Associated Anesthesiologists: [775-348-1900](tel:775-348-1900)
- Northern Nevada Emergency Physicians: <https://www.nevadaemergencyphysicians.com/>
- Reno Radiological Associates: <https://renorad.com/>
- Sierra Pathology Associates: <http://www.sierrapathology.com/>
- REMSA/Care Flight Air Ambulance: <https://www.remsahealth.com/air/>

Our Mission

Renown Health makes a genuine difference
in the health and well-being of the people and communities we serve.

What is the difference between Preventative and Diagnostic coded services?

We code a visit based on information provided by the ordering/referring provider. Preventive and Diagnostic describe two types of health care you receive.

- Preventive care is related to routine physical or checkup. Preventative care coverage will vary based on your insurance plan benefits and allowed frequency.
- Diagnostic care is what you receive when you have signs, symptoms or risk factors and your doctor wants to diagnose them. Diagnostic visits and tests typically result in a higher patient responsibility.
- Ex: If you have a diagnosis of osteoporosis and require a yearly DEXA scan, it will be considered, and coded as, diagnostic.

To best understand your out of pocket responsibility, contact your insurance company.

Why was my final charge more than my estimate?

Based on the level of care for you and your individual healthcare needs, you may find the estimate to differ from the final charges billed to you or your insurance. More specifically, each physician may order different tests after clinical assessments are performed; additional supplies and medications may be needed as well. Surgical procedures can also vary in duration, which may impact the accuracy of the estimate you were given prior to a planned surgical event. All of these examples could be factors that contribute to how closely your estimate is compared to final billed charges.

What happens if my paid estimate exceeds my final charge?

Renown's commitment to providing exceptional care includes proactively identifying and taking action on situations where we received excess payment. After we receive payment from your insurance and we verify that you have no other outstanding account balances with us, we will mail a refund check to the updated mailing address you provided during your visit.

What is Guarantor Billing?

A guarantor is the person who accepts financial responsibility to pay for the patient's bill. In most cases, the guarantor is the adult patient receiving the service. If the patient is a child, the responsible party may be the child's parent or legal guardian.

Guarantor Billing is a statement that combines all services for each patient with the same guarantor into one monthly billing cycle. Each patient will receive just one monthly statement on their charges. Additionally, the State of Nevada requires that we send you a summary of your charges after services are rendered. This is an

Our Mission

Renown Health makes a genuine difference
in the health and well-being of the people and communities we serve.

informational only statement. After that, you will only receive your one monthly guarantor billing statement with the amount you are responsible to pay.

Who is Patientco?

Renown has an integrated partnership with Patientco to provide billing statements, and handle payment processing. Patientco is both [HIPAA and PCI compliant](#).

What is the PatientWallet?

The PatientWallet is directly integrated with MyChart and is the location where you can view statements, make payments, and self-enroll in automatic short-term and long-term payment plans.

Where and how can I make payments?

- **Pay in Full:**
 - Online: login to MyChart at mychart.renown.org and access the PatientWallet (Menu>Pay My Bill). Please allow up to 24 hours for your payment to be reflected on your account online
 - If you do not have a MyChart account, you may Pay as Guest for a one-time payment on mychart.renown.org
 - Automated phone line: [833-374-0081](tel:833-374-0081)
 - Mail:
 - Renown Health
 - PO Box 4072
Alameda, CA 94501-4072
 - In person:
 - [850 Harvard Way, Reno, NV 89502](#)
- **Short-term automatic payment plans:**
 - Online: mychart.renown.org in the PatientWallet
 - Phone: 775-982-4130
- **Long-term automatic payment plans:**
 - Online: mychart.renown.org in the PatientWallet – this is serviced in direct partnership with ClearBalance. Please see *“What is Clear Balance and How can it help me with my payment plan needs”* section.
- **Financial Assistance:**
 - Online: renown.org/financial-assistance-program
 - Phone: 775-982-5747
 - *Please see “Need assistance for paying for your care” section*

What are my payment plan options?

If you cannot pay your balance in full, you now have the opportunity to self-enroll in automatic payment plans through mychart.renown.org in the PatientWallet.

Our Mission

Renown Health makes a genuine difference
in the health and well-being of the people and communities we serve.

- Short-term payment plans
 - Up to 3 months
 - Serviced by Renown
- Long-term payment plans
 - 4 months and beyond
 - Serviced by ClearBalance

Please note if you have an existing plan created before June 4, 2021, please contact our billing office at [775-982-4130](tel:775-982-4130) to review your plan details.

What is ClearBalance and how can it help me with my payment plan needs?

ClearBalance is an integrated partner with Renown Health, focused on helping patients establish affordable monthly payment plan options. Their mission is to create a positive patient experience with a wide variety of financing options at 0% interest, giving our patients peace of mind when it comes to their healthcare financial obligations. ClearBalance helps assist the organization with payment plans that are longer than 3 months. The minimum balance eligible for ClearBalance financing is \$250.00.

Why does Renown integrate with Patientco and ClearBalance?

Healthcare billing and financing is complicated and that is why Renown Health has partnered with the experts in the industry to help our patients navigate through their financial healthcare journey. Our patients deserve to know how best to manage their out-of-pocket costs, which is why we are offering them access to resources who have proven their success with healthcare providers nation-wide. These partners are not debt collection agencies, but extensions of Renown to provide alternative payment options to our patients.

Need assistance paying for your care?

There are a variety of resources for assistance paying your bill. A Certified Application Counselor (CAC) will help you find coverage under the [Nevada Health Insurance Exchange](#) or determine if you qualify for Medicaid. You may also see if you qualify for any government assistance at www.coverageforall.org. **Counselors can be reached at [775-982-4110](tel:775-982-4110) and [1-866-691-0284](tel:1-866-691-0284), or by visiting the [Health Insurance Exchange](#) website for more information.**

Renown also offers a [Financial Assistance Program](#) for patients in need. Specialists are available to help you with your healthcare financial responsibilities. To contact the Financial Assistance Program, call [775-982-5747](tel:775-982-5747).

How do I change my billing preferences?

Our Mission

Renown Health makes a genuine difference
in the health and well-being of the people and communities we serve.

When you access your PatientWallet for the first time, you will automatically be registered for e-notifications that will be sent to your email address provided in the PatientWallet. All patients will be mailed a paper statement unless you view and access your statements through the PatientWallet. If you access your statement through the PatientWallet, then you will be enrolled automatically in e-statements.

You can change your preferences by going to:

- mychart.renown.org
- Menu > Pay My Bill
- In the PatientWallet, click Settings

You can enroll in text message notifications and update your e-notification and e-billing preferences there.

Glossary of Key Billing Terms

The following terms may help you better understand your bill and the billing process.

Activation Code

- This code enables you to login and create your own MyChart user account, along with user ID and password.

Adjustment

- When your balance due has increased or decreased, both the insurance company and the hospital could adjust your balance.

Charge

- The initial amount that a hospital gives to each service before a patient has the service.

Claim

- A form submitted to the insurance company for payment.

Co-insurance

- A percentage of eligible expenses that you must pay. Co-insurance usually applies after you meet your deductible.

Coordination of Benefits

- Determining which insurance company pays first if you are covered under more than one insurance plan.

Copay

- When you pay a specific amount for a service, a copay is due at the time of service.

Cost

Our Mission

Renown Health makes a genuine difference
in the health and well-being of the people and communities we serve.

- The amount a patient will pay after services have been completed and insurance has been applied to the amount.

Covered Services

- Specific services or supplies that your insurance reimburses.

CPT code

- CPT stands for Current Procedural Terminology code. This is a 5-digit standard code for how medical professionals document and report medical services and procedures. Insurance companies use CPT codes to help determine reimbursement amounts for practitioners. Using CPT codes enables healthcare providers and insurance companies to communicate and track billing more efficiently.

Deductible

- The agreed amount of money your benefit plan requires you to pay first before they will pay. The deductible is usually an annual amount. After the deductible has been met, you will pay any eligible expenses for the rest of the year.

Denial

- When an insurance company does not approve payment for a specific claim. In this case, the health insurer has decided not to pay for the procedure, test or prescription.

Dependent

- The person you carry on your insurance. Often this is a family member, such as a husband, wife or child.

Disallowed Amount

- The difference between total on the bill and the amount your insurance company covers.

Group Number

- A health plan ID number usually found on your insurance card.

Guarantor

- The person responsible for paying the bill.

Health Insurance Exchange

- The place to get insurance in Nevada if you currently do not have any.

HMO

- A type of insurance plan that requires enrolled patients to receive their healthcare from a specific group of providers, barring some emergency care. If you go

Our Mission

Renown Health makes a genuine difference
in the health and well-being of the people and communities we serve.

outside of the HMO's network for non-emergency care, coverage for that care is impacted and may not apply.

ICD-10

- ICD-10 stands for International Classification of Diseases, 10th Revision. ICD codes classify diagnoses and health issues of patients using four to seven digit alphanumeric codes, which denote signs, symptoms, diseases, conditions, and injuries. Both CPT and ICD-10 codes must be provided to insurance companies for the provider to be reimbursed properly.

In Network

- Doctors or hospitals participating in your health plan or insurance plan.

Insured

- A person who has insurance.

Itemized Statement

- A list of all items and services during your stay.

Managed care

- A type of insurance plan that required patients to see only providers that have a contract with the managed care company, barring exceptions such as emergency or urgent care when the patient is outside of the plan's service area.

Medicaid

- Health insurance for low or modest-income individuals.

Medicare

- Health insurance for individuals 65+ and persons with disabilities.

Non-Covered

- Services that are not covered by a patient's insurance plan.

Out of Network

- Doctors and hospitals NOT on the "preferred" list for your insurance plan. Depending on your insurance, you may have higher out of pocket costs when receiving care from an out of network doctor or hospital.

Out of Pocket Maximum

- The maximum amount a person needs to pay themselves.

Patient Responsibility

- The amount the patient is expected to pay.

Pay by Phone Code:

- This code enables you to use the automated phone payment system.

Our Mission

Renown Health makes a genuine difference
in the health and well-being of the people and communities we serve.

Payer

- Another name for an insurance company

PPO

- Preferred Provider Organization. A healthcare plan that covers a larger amount of a patient's healthcare. Unlike HMOs, PPOs do not restrict patients to only the providers within their network in order for costs to be covered.

Preauthorization/Precertification

- Getting advance approval from your insurance company for your services.

Price

- The amount after services have been completed without insurance or additional discounts applied.

Primary Care Provider

- Your doctor or provider who coordinates your care.

Primary Insurance

- The insurance company with first responsibility for paying eligible health expenses.

Provider

- A healthcare professional (doctor or nurse practitioner) or facility (such as a hospital or clinic).

Secondary Insurance

- The insurance company with second responsibility for paying eligible health expenses.

Secure Health Code

- This code is used to tie payments received to a specific guarantor account.

Subscriber

- The person who purchased the insurance.

Visit Number

- The unique number assigned to each visit.

Our Mission

Renown Health makes a genuine difference
in the health and well-being of the people and communities we serve.