

Medical Group

As a Medicare beneficiary, you may be accustomed to seeing two charges on your bill for today's visit that together represent the total cost of the visit. This is because Medicare has designated many of our NorthShore Medical Group practices as "Provider-Based" sites of care. This designation recognizes that our practices operate as extensions of our hospitals, meeting rigorous standards for quality care, infection control, patient confidentiality and more, while submitting to periodic, unannounced inspections by state and federal authorities.

Medicare requires that Provider-Based sites charge patients separately for the professional services provided by physicians (Professional fees), and for the expenses associated with providing the care (Facility/Technical fees), such as office space, nursing, and supplies

While Provider-Based designation is not typical or required of physician practices, we believe this status bears testament to our overriding commitment to superior care and continuous quality improvement.

What does this mean for you?

- Patients who are seen at a "provider-based" NorthShore location will be billed two charges – one for the Professional (Doctor) fee and one for the Technical (Facility) fee.
- Patients who are seen at non "provider-based" NorthShore locations will also be billed for two charges (one for the Professional Fee and one for the Technical fee) but may have a lower out-of-pocket amount that is owed. These locations still meet the same rigorous standards as our other sites but have not been designated by Medicare as "provider-based."

In both of the above situations, the two charges added together reflect the same total charge that is billed to non-Medicare patients.

Typical coinsurance amounts for the most common services provided in our offices are listed below.

Service	Total Co-Insurance (Professional + Hospital)
New Patient Visit	\$27.00 - \$58.00
Established Patient Visit	\$26.00 - \$45.00
Nurse visit	\$21.00
EKG	\$11.00 - \$16.00
Flu shot	\$16.00 - \$22.00
Pneumonia shot	\$48
Welcome to Medicare Physical/Medicare Annual Wellness Visit	\$0.00
Echocardiography	\$90.00 - \$142.00
Nerve conduction tests, 9-10 studies	\$112.00 - \$124.00
Biopsy/Surgical Pathology, single lesion	\$81
Small joint injection or aspiration	\$46.00 - \$115.00

- **Please note that the above ranges are only estimates.** Your total responsibility will depend on the actual services received.
- Supplemental insurance benefits may provide additional coverage. Contact your supplemental insurance company if you have questions.

Please refer to the phone number listed on your bill for assistance with any additional questions you may have about charges for your care. Should you have questions that Medicare could answer, please contact your Medicare Representative at 800-633-4227.