



Wellstar Community Hospice would like to thank you for allowing us to serve you and your family during this time of need. Below you will find details regarding the plans that we are in network with, standard coverage and benefit responsibility, as well as our agency fees.

Billing of insurance is a service only and not a guarantee of payment. Patients are responsible for payment of copays, coinsurance, deductibles, room and board expenses, or the total amount due if the patient is considered self-pay. If the insurance company denies payment; the charges become the responsibility of the patient and/or financial representative. We will not discharge a patient for an inability to pay and will work with you to maximize all available resources.

To confirm if you have Hospice benefits under your plan please contact the member services phone number on the back of your insurance card or refer to your benefit materials.

Verification of benefits will be completed upon admission. If it is determined that a patient does not have hospice benefits the patient and/or the patient representative will be notified.

Wellstar Community Hospice is in network with the following insurance carriers

Aetna | Aetna Wellstar Employee Health Plan | Blue Cross Blue Shield | Cigna | First Health/Coventry
Great West | Humana | Tricare | Medicare Part A | Medicaid | Amerigroup | Peachstate
Wellcare | Ambetter | CareSource | Oscar

Wellstar Community Hospice is NOT in network with the following insurance carriers

Cigna Local Plus | Kaiser Permanente | Blue Cross Blue Shield Pathway | Blue HPN
Coventry One | Humana Atlanta HMO X | United Healthcare
UMR | Veteran's Administration

If a patient has a Medicare Advantage plan, they will be covered under Medicare Part A after electing hospice services.

Listed below are our agency rates based on level of care. If a patient is considered self-pay due to having no insurance coverage, no hospice benefits, or has an insurance coverage that Wellstar Community Hospice is out of network with, they will be subject to the fees below.

- Routine hospice care at patient's residence or an assisted living facility: \$381.00 per day. (hospice-related services only)
- Routine hospice care at our inpatient facilities, \$381.00 per day plus \$255.00 per day room and board, which equals \$636.00 per day.
- Routine hospice care at a nursing home: \$381.00 per day plus the nursing home room and board rate based on the facility. Each nursing home facility has its own room and board rate.
- Continuous care at home or in a nursing home: \$1,929.12 per day for 24 hours, billed at \$80.38 per hour of continuous care received.
- General inpatient care at Wellstar Community Hospice or a Wellstar hospital: \$1,621.00 per day.
- Respite care at Wellstar Community Hospice: \$376.00 per day. Per Medicare regulations, a patient can only receive a maximum of 5 days per respite stay. If the patient remains in the inpatient unit past the 5th day and does not qualify for general inpatient care, they will be changed to routine hospice care and the rates in above will apply.

If you have any additional questions regarding benefits, payments and/or payment arrangements please contact us at **(470) 732-6710** to speak with one of our Hospice Revenue Cycle Representatives.