



Charge Master Information

In the United States, a hospital chargemaster, also known as a charge description master (CDM), is a comprehensive listing of items billable to a hospital patient or a patient's health insurance provider for various supplies, medications and procedures.

In compliance with the Center for Medicare and Medicaid Services (CMS) hospital transparency guidelines, effective January 1, 2019, Madison County Memorial Hospital is providing a link to its chargemaster price lists. It is important to understand that the document contains full list prices which do not account for negotiated insurance discounts, co-pays, co-insurance, and deductibles. The prices do not always reflect all costs associated with a service and a service could be represented by multiple items. Per CMS guidelines, the files will be updated annually each July.

Pricing Transparency is the term used to describe initiatives in the healthcare industry to provide meaningful pricing information to consumers. The healthcare industry is often complex and difficult for consumers to navigate. Pricing transparency is a means of providing consumers price information on services and supplies offered by our hospital.

If you have insurance or some form of medical coverage, your out of pocket cost typically includes a deductible, co-payment, coinsurance, or even non-covered services. Your out of pocket cost is based on the contract terms negotiated by your insurance company with the hospital and the benefits of your contract. Your carrier could have a contracted rate for the service that has been ordered for you and your portion (out of pocket cost) will depend on your insurance plan and rate.

If you would like a price estimate of your out of pocket cost for a procedure offered by Madison County Memorial Hospital, please contact our business office at 850-973-2271.

Please have the following items ready prior to calling for an estimate of your out of pocket cost:

1. **Description of services needed (Order)** - we will need to know as much information as possible about the specific services as described by your physician.
2. **Type of Services needed** - we need to know if you will be admitted to the hospital as an inpatient overnight, or if you are expected to be treated on an outpatient basis.
3. **Physician/Specialist Name** – we will need the name of your physician or provider.
4. **Your Insurance Card** - please have your card available.
5. **Your Deductible, Coinsurance, Out-of-Pocket Max and Copayment amounts.**
6. **Policyholder's Personal Information** - it is possible that the insurance company will want us to verify the Social Security Number and date of birth of the person who is named as the primary insurance policy holder.