Frequently Asked Billing Questions

**How will I be billed?**

Mayo Clinic Health System will send you a billing statement with your charges. Provider charges for clinic and hospital services will be billed on a Mayo Clinic Health System clinic billing statement. Charges for hospital inpatient and outpatient services will be billed on a Mayo Clinic Health System hospital billing statement. Statement balances are due within 15 days from the statement date.

**When can I expect to receive my billing statement?**

Generally, claims are submitted to the insurance carriers on a daily basis and processed by the insurance carrier within 30 to 60 days. After the insurance carrier processes the claim, a statement is mailed as soon as there is a patient-responsible balance based on the account’s cycle date. The statement is mailed approximately every 28 days until the balance returns to zero. All patient-responsible balances are due within 15 days of the statement date. We will work with you to create reasonable payment plans. Mayo Clinic Health System offers a Financial Assistance Program to patients who are experiencing financial difficulties with paying their bills. Please let us know within 15 days of your statement if you are interested in completing a financial assistance application by contacting a representative. Call 1-888-838-6193 (toll free), 7:30 a.m. to 5:15 p.m., Monday through Friday.

**How can I get help understanding my billing statement(s)?**

You may contact a representative by calling 1-888-838-6193 (toll free), 7:30 a.m. to 5:15 p.m., Monday through Friday.

**Why did I receive more than one billing statement?**

Hospital services may be billed separately from physician charges. In addition, you also may receive separate bills from an anesthesiologist, radiologist, pathologist and others. If you have any questions regarding a bill from a provider other than Mayo Clinic Health System, we ask you to contact that provider directly.

**I have never been to the hospital. Why did I receive a hospital billing statement?**

Charges for X-ray, emergency room and others are billed through the hospital.

**Who can I talk to for more information about billing or to get a charge estimate?**

If you have questions regarding billing in general or to request an estimate of charges for clinic or hospital services, you may contact a representative by calling 1-888-838-6193 (toll free), 7:30 a.m. to 5:15 p.m., Monday through Friday.

**Why are there names of physicians on my statement that I didn’t see?**

Certain physicians help with your medical care even though you may not meet them. Commonly, these are the doctors who read your lab results, X-rays, electrocardiogram (EKG) and other tests.

**Why did the visit with my provider have two charges?**

A visit to your provider may result in two charges — one for preventive (routine) care and one for a specific problem. The total cost of the visit is still the same as if they were combined.
Why was I billed for services for care resulting from an accident?
We bill your liability/accident insurance in the following instances:
- Exhausted commercial health insurance options
- Medicare/Medicaid is your primary insurance
- If you are uninsured

What assistance can I get in filing a claim for my accident?
You may contact our office by calling 1-888-838-6193 (toll free). We can assist you with appropriate documentation and a claim form.

My workers’ compensation carrier denied my claim. Can I have my health insurance billed? In order for Mayo Clinic Health System to bill your health insurance, we may request a copy of the denial from you.

How can I change my address or insurance information?
You may contact a patient service representative at 1-888-838-6193 (toll free). You may also update your address information online at mayoclinichealthsystem.org/billing-and-insurance

When I call about my spouse’s or children’s accounts, I can’t always get the information I’m asking for. Why is that?
Due to federal privacy laws, we cannot disclose any information considered to be protected health information (PHI). We can answer general questions regarding what insurance is billed and on what dates.

We cannot answer questions specific to the type of service received. If you and your spouse are not on the same account, we cannot give either of you information about the other person without their permission. If your children are 18 years or older, they also fall under this privacy regulation even if they are covered by your insurance plan.

What Medical Assistance plans (Medicaid, BadgerCare) are accepted for nonemergent care at Mayo Clinic Health System?
Group Health Cooperative Compcare and ContinuUS are the only contracted HMOs that are accepted for nonemergent care at Mayo Clinic Health System.

Do you accept out-of-state Medical Assistance?
We accept most out-of-state plans for urgent or emergent care. Medical Assistance patients need to present a current identification card for billing and inform staff of any other insurance coverage. The law states insurance must pay before Medical Assistance can be billed.

What if I have a medical assistance plan (Medicaid, BadgerCare) that is out of network for Mayo Clinic Health System, but I want to see a Mayo Clinic Health System provider?
You must contact the Forward Health Enrollment Specialist at 1-800-291-2002 (toll free) regarding changing your Forward Health HMO.

Will Medicare cover my entire bill?
Medicare usually pays 80 percent of the allowed amount for covered services after the deductible is met. For hospital services, a coinsurance or co-payment varies depending on the service.
Does Mayo Clinic Health System bill Medicare Advantage Plans and HMOs?
Mayo Clinic Health System bills all Medicare Advantage plans and HMOs.

What is an Advance Beneficiary Notice (ABN)?
An ABN is a form that lets you know you may have to pay for a test your provider orders if Medicare does not cover the services due to CMS guidelines. The ABN helps you make an informed decision about whether to have the test or service and pay for it yourself or choose to not have it performed.

An ABN also may be used for a patient with Medicaid coverage for services that are not covered benefits. This is a separate document from the Medicare ABN. The Medicaid ABN assists the patient in making an informed decision about having the service and accepting financial responsibility for it or not having the service provided.

When does Medicare not pay for a test?
Medicare only pays for tests they consider medically necessary. Medicare’s definition of necessity is any test or procedure that is reasonable and necessary for the diagnosis or treatment of an illness or injury. If the diagnosis given by your provider does not meet Medicare’s criteria, the test or service will not be covered by Medicare.

If Medicare says the test is not medically necessary, then why perform it?
Your provider makes a medical judgment that you need the test or service. When your provider says a test is medically necessary for you, they consider your personal history, the medications you are taking and generally accepted medical practices.

Is an ABN something new?
The ABN is not new. It has been around for 10 years. However, there have been recent changes in how Medicare pays for diagnostic tests, and these changes make it more likely that Medicare may not pay for a specific test or service.

If the ABN is not new, why haven’t I had to sign one before?
You may not have signed an ABN at a previous visit because:
- Your doctor ordered different tests on previous visits
- This is the same test your doctor ordered before, but your diagnosis has changed
- This is the same test for the same diagnosis, but Medicare rules have changed, and Medicare may no longer pay for this test for this diagnosis

Why do you want me to sign the ABN?
We ask patients to sign an ABN whenever Medicare appears likely to deny payment for a specific test or service. Medicare requires us to provide patients with a written notification whenever it is likely they will be responsible for the bill.

Must I sign the ABN?
No, there are four options available:
- Option 1: You may sign the ABN and have the test performed. If Medicare denies payment, you will be responsible for payment.
• **Option 2:** You may sign the ABN and have the test performed, but you do not want Medicare billed. If Medicare is not billed, you will be responsible for payment.

• **Option 3:** You may sign the ABN and choose to not have the test performed. However, by not having the test performed, you will be going against the medical advice of your provider. If you choose to not have the test performed, you should notify your provider who ordered the test that you did not have it done.

• **Option 4:** You may refuse to sign the ABN and go ahead with the testing. A witness will sign the ABN to indicate you have been advised of the ABN, refused to sign it, but still want the test performed. Under Medicare guidelines, you may be held responsible because you were notified of the likelihood of a Medicare denial.

**If I sign an ABN, will I be billed automatically?**
You will be responsible for paying only if Medicare denies your claim. You may appeal the denial with Medicare if you think it is wrong.

**If I sign an ABN, how much must I pay for the test?**
The estimated cost for the test(s) will be available to you when you are presented with the ABN.

**Will Mayo Clinic Health System bill my supplemental insurance?**
Mayo Clinic Health System will submit claims to supplemental insurances. Noncovered charges, such as the deductibles and items listed on the ABN, are your responsibility.

**Must I sign an ABN every time a new test is done?**
It all depends on the test and the reason for ordering it at a particular visit. You will be asked to sign an ABN only when there is good reason to think Medicare may deny payment for the test ordered.
Frequently Asked Insurance Questions

What if I do not have Insurance?
If you do not have insurance, you will receive an automatic 6 percent discount. Mayo Clinic Health System provides free on-site financial counseling by contracting with Outreach Services Inc. Outreach Services helps patients determine if they qualify for other programs such as:

- Medicaid/BadgerCare: a federal and state health insurance program designed to provide access to health services for persons below a certain income level, including men, women and children, elderly who are poor, and childless adults (age 19-64) without insurance coverage. Some Medicaid/BadgerCare programs are available at no cost or low cost; the patient’s payment depends on family income and size.
- Disability
- Crime victims
- Other local grants and charities

For more information, call 715-838-1973.

How do I know if my care is covered by insurance?
If your insurance is through your employer, we suggest you contact them for benefit information. You can also contact the insurance company. The phone number is usually located on the back of your insurance card. Below is a link to a list of Mayo Clinic Health System insurance network affiliations. You may need to contact your employer or insurance company if you do not see your insurance plan listed.

View Insurance Companies Network Affiliations

Who submits my claim to insurance?
As a courtesy to you, Mayo Clinic Health System will file claims to your insurance. It is important that we have your correct insurance information, including the name of the policy holder, name of insurance company and policy number of your insurance carrier. This includes Medicare, Medical Assistance (Medicaid, BadgerCare, etc.) and commercial insurance. Please keep in mind that your insurance coverage is a contract between you and your insurance company. You are ultimately responsible for payment of all your charges.

Do you submit auto accident/liability claims?
If you have Medicare or Medicaid coverage, as well as a liability insurance policy, regardless of who is at fault, we must bill the liability insurance prior to any Medicare or Medical Assistance coverage.

If you have a non-Medicare/Medicaid insurance, it is in your best interest to bill your health insurance company instead of your auto accident or the liability insurance. If you do not have any health insurance coverage, we will bill your accident/liability insurance as a courtesy to you. Mayo Clinic Health System does not bill out-of-country insurance companies. We will provide the necessary paperwork to you; however, the balance is your responsibility.
Why did my insurance company reject the claim or not pay the entire claim?

There are many reasons why claims may not be paid:

- Your insurance may need additional information from you
- Charges may have been applied to your deductible
- You are responsible for co-pays or coinsurance amounts
- Charges could have been non-covered services
- Coverage was not in effect at time of service

Your insurance company should have sent you an explanation of benefits (EOB) that explains why the charges were not paid. You will need to contact your insurance company and discuss with them why the charges were rejected or not paid.

How can I get a service pre-authorized by my insurance company?

Generally, insurance companies require notification prior to any planned procedure or hospital admission. Patients are expected to confirm benefits and coverage with their insurance company prior to any planned procedure. We can assist with getting your service prior authorized by calling 715-838-3110, option 1. For planned surgeries that require admission to the hospital, utilization review staff will contact the insurance company to obtain precertification. Following admission to the hospital, utilization review staff will continue to work with your insurance company until your discharge. For urgent or unplanned admissions to the hospital, utilization review staff will contact your insurance company within one business day of the hospital admission.

How do I know if the insurance company will cover my charges?

You may contact your insurance company with questions. The phone number is usually located on the back of your insurance card or in your policy documentation. Once your insurance receives a claim from us for your services, they will send you an EOB. We may also assist with verifying your benefits by calling 715-838-3110, option 1.

What is an Explanation of Benefits (EOB)?

An explanation of benefits is a detailed document from your insurance company that identifies the amount they have paid, any non-covered or denied services, and the remaining balance that is your responsibility, including deductibles, coinsurance and co-pays. You may receive your EOB before you receive your Mayo Clinic Health System statement. Please review your EOB carefully and call your insurance company or Mayo Clinic Health System if you have any questions or concerns.

What Medical Assistance plans (Medicaid, BadgerCare) are accepted for non-emergent care at Mayo Clinic Health System?

Group Health Cooperative, CompCare, and ContinuUs are the only contracted HMOs that are accepted for non-emergent care at Mayo Clinic Health System. We also accept most out of state plans for urgent or emergent care. Medical Assistance patients need to present a current identification card for billing and inform staff of any other insurance coverage. The law states that insurance must pay before Medical Assistance can be billed.

Do you accept out-of-state Medical Assistance?
We accept most out-of-state plans for urgent or emergent care. Medical Assistance patients need to present a current identification card for billing and inform staff of any other insurance coverage. The law states that insurance must pay before Medical Assistance can be billed.

What if I have a medical assistance plan (Medicaid, BadgerCare) that is out of network for Mayo Clinic Health System, but I want to see a Mayo Clinic Health System provider?
You must contact the Forward Health Enrollment Specialist at 1-800-291-2002 to see if they are able to change your Forward Health HMO.

Will Medicare cover my entire bill?
Medicare usually pays 80 percent of the allowed amount for covered services after the deductible has been met. For hospital services, a coinsurance or copayment varies depending on the service.

Does Mayo Clinic Health System bill Medicare Advantage Plans and HMOs?
Mayo Clinic Health System bills all Medicare Advantage plans and HMOs.

What is an Advance Beneficiary Notice (ABN)?
An ABN is a form that lets you know you may have to pay for a test your provider orders if Medicare does not cover the services due to CMS guidelines. The ABN helps you make an informed decision about whether to have the test or service and pay for it yourself or choose not to have it performed.

An ABN may also be used for a patient with Medicaid coverage for services that are not a covered benefit. This is a separate document from the Medicare ABN. The Medicaid ABN assists the patient in making an informed decision to decide to have the service and accept financial responsibility or not to have the service provided.

When does Medicare not pay for a test?
Medicare only pays for tests they consider medically necessary. Medicare’s definition of necessity is any test or procedure that is reasonable and necessary for the diagnosis or treatment of an illness or injury. If the diagnosis given by your provider does not meet Medicare’s criteria, the test or service will not be paid for by Medicare.

If Medicare says the test is not medically necessary, then why perform it?
Your provider makes a medical judgment that you need the test or service. When your provider says a test is medically necessary for you, they consider your personal history, the medications you are taking and generally accepted medical practices.

Is an ABN something new?
The ABN is not new. It has been around for 10 years. However, there have been recent changes in how Medicare pays for diagnostic tests, and these changes make it more likely that Medicare may not pay for a specific test or service.

If the ABN is not new, why haven’t I had to sign one before?
Some possibilities why you have not had to sign an ABN at a previous visit are:
• Your doctor ordered different tests on previous visits
• This is the same test your doctor ordered before, but your diagnosis has changed
• This is the same test for the same diagnosis, but Medicare rules have changed, and Medicare may no longer pay for this test for this diagnosis

**Why do you want me to sign the ABN?**

We ask patients to sign an ABN whenever Medicare appears likely to deny payment for a specific test or service. Medicare requires us to provide patients with a written notification whenever it is likely they will be responsible for the bill.

**Must I sign the ABN?**

No, there are four options available:

- **Option 1:** You may sign the ABN and have the test performed. If Medicare denies payment, you will be responsible for payment.
- **Option 2:** You may sign the ABN and have the test performed, but you do not want Medicare billed. If Medicare is not billed, you will be responsible for payment.
- **Option 3:** You may sign the ABN and choose not to have the test performed. However, by not having the test performed, you will be going against the medical advice of your provider. If you choose not to have the test performed, you should notify your provider who ordered the test that you did not have it done.
- **Option 4:** You may refuse to sign the ABN and go ahead with the testing. A witness will sign the ABN to indicate you have been advised of the ABN, refused to sign it, but still want the test performed. Under Medicare guidelines, you may be held responsible because you were notified of the likelihood of a Medicare denial.

**If I sign an ABN, will I be billed automatically?**

You will be responsible for paying only if Medicare denies your claim. You may appeal the denial with Medicare if you think it is wrong.

**If I sign an ABN, how much must I pay for the test?**

The estimated cost for the test(s) will be available to you when you are presented with the ABN.

**Will Mayo Clinic Health System bill my supplemental insurance?**

Mayo Clinic Health System will submit claims to supplemental insurances. Non-covered charges, such as the deductibles and items listed on the ABN, are your responsibility.

**Will supplemental insurance pay for the test if Medicare does not?**

Most supplemental insurances do not pay for diagnostic tests not covered by Medicare. You may wish to contact your insurance company if you have any coverage questions.

**Must I sign an ABN every time a new test is done?**

It depends on the test and the reason for ordering it at a particular visit. You will be asked to sign an ABN only when there is good reason to think Medicare may deny payment for the test ordered.

**How do I contact Medicare?**

You can call them toll free at 800-944-0051.
How can I check the status of my workers’ compensation claim?
You may contact your employer or the workers’ compensation carrier.

Who do I contact if my workers’ compensation claim was denied?
You may contact a patient service representative toll free at 888-838-6193.

My workers’ compensation carrier denied my claim. Can I have my health insurance billed?
In order for Mayo Clinic Health System to bill your health insurance, we may request a copy of the denial from you.

What is the difference between Medicare Part A and Medicare Part B?
Medicare Part A covers inpatient hospitalization, and Medicare Part B covers outpatient and physician services.
**Frequently Asked Payment Questions**

**Why do I mail my payment to an address in Milwaukee, Wis.?**
Mayo Clinic Health System uses a service through US Bank, located in Milwaukee, to process payments. This is a standard business practice.

**Why can’t I just write “paid in full” on my check?**
If you have received care from more than one Mayo Clinic Health System facility, you will have more than one account, so we are unable to accept checks indicating payment in full. We will provide you with a receipt upon request.

**When will I be expected to pay?**
Mayo Clinic Health System requests you pay your co-pay when you check in for your appointment. Non-covered services, deductibles and/or coinsurance may be required prior to service. A statement is mailed on a monthly basis with any remaining balance and is due within 15 days of the statement date. We realize most medical expenses arise from unexpected accidents or illnesses and are difficult to budget. If you have questions about setting up a payment plan or applying for Mayo Clinic Health System Financial Assistance, a representative is available from 7:30 a.m. to 5:15 p.m., Monday through Friday, at 888-838-6193.

**I’m worried about being able to pay for my medical care. What should I do?**
Mayo Clinic Health System is committed to providing financial counseling to those who express concern in meeting payment expectations. If you have questions about setting up a payment plan or applying for Mayo Clinic Health System Financial Assistance, a representative is available from 7:30 a.m. to 5:15 p.m., Monday through Friday, at 888-838-6193 (toll free).

**Do I qualify for any discounts if I don’t have insurance?**
If you do not have insurance, you will receive an automatic 6 percent discount. To discuss a paid-in-full discount or other payment options, please contact a representative, from 7:30 a.m. to 5:15 p.m., Monday through Friday, at 888-838-6193 (toll free).

**How can I make my payment?**
Mayo Clinic Health System accepts cash, personal checks, debit cards, money orders or credit cards (Visa, MasterCard, Discover and American Express).

- **Online Link** — Please allow 72 hours for your payment to be posted to your account when paying online.
- **Mail** — Send your payment along with your statement stub to the following billing address:
  Mayo Clinic Health System
  P.O. Box 3034
  Milwaukee, WI 53201-3034
You may contact a representative by calling toll free 888-838-6193, 7:30 a.m. to 5:15 p.m., Monday through Friday, or stop by one of our office locations.

**What do I owe if the insurance company only pays a portion of my bill?**
To discuss a paid-in-full discount or other payment options, please contact
a representative, from 7:30 a.m. to 5:15 p.m., Monday through Friday, at 888-838-6193 (toll free).

What if I cannot pay my balance in full?

If special circumstances prevent or delay your ability to pay, our patient financial planning representatives can discuss a variety of payment options with you. If you have any questions or concerns, please call 715-838-6600 or toll free 888-838-6193. If you feel you are unable to pay for your services at Mayo Clinic Health System, you may qualify for our Mayo Clinic Health System Financial Assistance program. This program recognizes the financial hardships that unplanned or unexpected health care needs can create. It is based on income, assets and family size. Therefore, completion of a financial questionnaire and income verifications are required. You may also be required to apply for medical assistance. Visit the link below for more information about Mayo Clinic Health System Financial Assistance.

View the Financial Assistance Program Brochure

How do I get an estimate of charges for services I may need?

You may contact a patient service representative at Mayo Clinic Health System by calling toll free 888-838-6193. Your bill may be different from the fee estimate. The amount you owe may vary due to a number of circumstances:

- Additional testing, medications, services or procedures were ordered
- The procedure planned may not be the procedure performed based on your physician’s assessment
- Pre-existing health factors may affect your medical needs

Additionally, you may receive separate bills from non-Mayo Clinic Health System physicians who provide care to you in the hospital. These physicians are independent of Mayo Clinic Health System and will bill you independently.

The following is a list of other services and providers who may bill you separately:

- Pain Clinic, i.e. The Pain Clinic of Northwestern Wisconsin
- Radiation therapy, i.e. Mayo Clinic Radiation Oncology (Rochester, Minn.)
- Anesthesiology services, i.e. Eau Claire Anesthesiologists (anesthesia fees can be obtained by calling Eau Claire Anesthesiologists at 715-834-8721.)

Why did I receive a letter stating my account was referred to a collection agency?

Before an account is placed with a collection agency, you receive at least two billing statements and additional attempts by phone or mail to advise you of your account activity. If no payment arrangements or payment is received during this time, the account is referred to a collection agency.

What is an explanation of benefits (EOB)?

An explanation of benefits is a detailed document from your insurance company that identifies the amount they have paid, any non-covered or denied services, and the remaining balance that is your responsibility, including deductibles, coinsurance and co-pays. You may receive your EOB before you receive your Mayo Clinic Health System statement. Please review your EOB carefully, and call your insurance company or Mayo Clinic Health System if you have any questions or concerns.
Frequently Asked Registration Questions

I’m a new patient. How do I register before the day of my appointment?
You may register online at mayoclinichealthsystem.org or you may call us at 715-838-3110, option 1.

View our Terms Of Use Agreement  Patient Information and Mayo Clinic Authorizations and Service Terms
This link will take you directly to a Terms of Use form. Click “I accept” on the bottom of the form and then choose “New Patient Enrollment or Information.”

Do I need to bring anything with me to my appointment?
On the day of your appointment, please present any insurance card(s) and/or information to the registrar so we can ensure your insurance claims are filed accurately and in a timely manner. You should also bring resources for any out-of-pocket expense (co-pay, deductible, coinsurance).

How do I preregister for a hospital service?
You may register online at mayoclinichealthsystem.org. Or, you may call us at 715-838-3110, option 1.

By preregistering, patients will spend less time in Registration the day of their procedure and have the comfort of providing information in the private setting of their own home. View our Terms Of Use Agreement. This link takes you to the Terms of Use form which you must accept in order to proceed to access online registration. Click on “I accept” on the bottom of the form and then choose “Online Patient Registration.”

What do I bring on the day of my visit?
• Insurance card
• Emergency contact information
• Resources for any out-of-pocket expense (co-pay, deductible, coinsurance)
• Other valuables should be left at home

How can I get a service pre-authorized by my insurance company?
Generally, insurance companies require notification prior to any planned procedure or hospital admission. Patients are expected to confirm benefits and coverage with their insurance company prior to any planned procedure. We can assist with getting your service pre-authorized by calling 715-838-6737, and select option 2. For planned surgeries that require admission to the hospital, utilization review staff will contact the insurance company to obtain precertification. Following admission to the hospital, utilization review staff will continue to work with your insurance company until your discharge. For urgent or unplanned admissions to the hospital, utilization review staff will contact your insurance company within one business day of the hospital admission.

How do I know if the insurance company will cover my charges?
You may contact your insurance company with questions. The phone number is usually located on the back of your insurance card or in your policy documentation. Once your insurance receives a claim from us for your services, they will send you an explanation of benefits (EOB). We may also assist with verifying your benefits by calling 715-838-6737, and select option 2.
What if I have a medical assistance plan (Medicaid, BadgerCare) that is out of network for Mayo Clinic Health System, but I want to see a Mayo Clinic Health System provider?

You must contact the Forward Health Enrollment Specialist at 1-800-291-2002 to see if they are able to change your Forward Health HMO.

Will Medicare cover my entire bill?

Medicare usually pays 80 percent of the allowed amount for covered services after the deductible is met. For hospital services, a coinsurance or co-payment varies depending on the service.

How do I get an estimate of charges for services I may need?

We are able to provide you with an estimate for clinic and hospital charges. An estimate is based on a number of assumptions, such as the services you will receive and the number of days you may be in the hospital.

Estimates can vary based on individual patient differences. A fee estimate is compiled by determining the average charges previously billed for the same or similar service and/or procedure(s).

Some factors that may make your total charges higher or lower than the average patient include:

- Recovery time
- Unexpected procedures performed at the same surgical session
- Medications
- Additional treatments and services
- Ancillary services, such as lab work and X-rays.
- The procedure planned may not be the procedure performed based on your physician’s assessment
- Pre-existing health factors may affect your medical needs

Additionally, you may receive separate bills from non-Mayo Clinic Health System physicians who provide care to you in the hospital. These physicians are independent of Mayo Clinic Health System and will bill you independently.

The following is a list of other services and providers who may bill you separately:

- Pain Clinic, i.e. The Pain Clinic of Northwestern Wisconsin
- Radiation therapy, i.e. Mayo Clinic Radiation Oncology (Rochester, Minn.)

Anesthesiology services, i.e. Eau Claire Anesthesiologists - Anesthesia fees can be obtained by calling Eau Claire Anesthesiologists at 715-834-8721. To request an estimate, call toll free 1-888-838-6193, option 1 for Mayo Clinic Health System in Eau Claire, or toll free 1-888-765-4077 for Mayo Clinic Health System—Red Cedar.
Frequently Asked Financial Assistance Questions

What is my responsibility when applying for Mayo Clinic Health System financial assistance/charity care?

For Mayo Clinic Health System’s Financial Assistance Program to be successful, patient cooperation is essential. You should:

• Speak with a patient financial planner by calling toll free 888-838-6193
• Explain your financial situation.
• Ask Mayo Clinic Health System for information about any financial aid programs available.
• Request an application for financial assistance.
• Complete and return the application along with the necessary paperwork (include any requested documents, such as W-2 forms, pay stubs, bank statements and current federal tax returns). This is necessary for us to make our determination.

How do I know if I may qualify for financial assistance/charity care?

This program recognizes the financial hardships that unplanned or unexpected health care needs can create. It is based on income, assets and family size.

View the Financial Assistance Program Brochure

Visit Federal Poverty Guidelines web site

How can I apply for financial assistance/charity care?

Depending on your ability to pay, you may qualify for Mayo Clinic Health System Financial Assistance. If you would like to determine your eligibility, please request an application form by calling toll free 888-838-6193.

Can I apply for Mayo Clinic Health System Financial Assistance if I have insurance?

Yes, any adjustment you qualify for under the Mayo Clinic Health System Financial Assistance Program will be made after all of your insurances have paid.

Whose income must be included on the application?

If you are married, both spouse’s incomes must be included. If you are over the age of 18 and can be counted as a dependent on your parent’s income tax returns, than both parents’ income must be included.

How do I qualify for the program?

Mayo Clinic Health System will review your completed application to determine if you qualify for a discount under the program. This determination is based on your income, family size, assets and other factors.

How long does the approval process take?

Mayo Clinic Health System will send you a letter to let you know whether or not you qualify for the program no later than 30 days from your submission date.

What if I have already made payments on my account?
Mayo Clinic Health System Financial Assistance adjustments will be made on any remaining balance. Refunds for prior payments will not be made.

**What services qualify for Mayo Clinic Health System Financial Assistance adjustment?**

All non-elective services received at any Mayo Clinic Health System affiliated site would qualify for a Mayo Clinic Health System Financial Assistance adjustment. This discount does not apply to any other Mayo Clinic Health System sites, including Mayo Clinic. You will need to apply and be qualified separately under their criteria and program(s).

**How often do I need to apply for the Mayo Clinic Health System Financial Assistance program?**

A new application is required every 90 days.

**How does the program work?**

After you have applied and been approved for a Mayo Clinic Health System Financial Assistance adjustment, Mayo Clinic Health System will make the appropriate adjustment to your account. You will then be billed for any remaining balance. The remaining balance is due within 15 days of your statement date.