



Miami Jewish Health

PRICE TRANSPARENCY DISCLAIMERS AND ACKNOWLEDGEMENTS

Miami Jewish Health reviews hospital charges annually to ensure they accurately reflect the most up to date hospital expenses.

These are the average rates for services provided at this hospital. These rates do not reflect your personal financial responsibility. Actual cost to the insurer and/or patient is determined by several factors and are not in the exclusive control of Miami Jewish Health, including, but not limited to:

1. The payment plans negotiated with individual health insurers, which may include commercial health insurance, automobile insurance, workers compensation insurance, or government health insurance coverage, e.g., such as Medicare, Medicaid, or Veterans Administration, etc.
2. The patient's level of coverage, particular insurance plan (e.g., HMO, PPO, etc.), network participation status of each provider, and the patient's currently outstanding benefits within the patient's plan benefit package, including co-pays, co-insurance, remaining deductible, and out-of-pocket (OOP) amount
3. The most appropriate services is determined by the patient's treating and/or referring physician(s) at the time they receive the services may be substantially different than the anticipated medical need prior to provision of the medical treatment or services
4. Although average cost is available through Miami Jewish Health, the nature of healthcare, including the factors described above, dictates that the appropriate level of care, and thus patient OOP cost of that care, frequently cannot be accurately determined until the care has been provided.
5. Patients with no insurance coverage can be eligible for a discount off the posted charges at Miami Jewish Health; however, additional financial assistance may be available to further lower an uninsured patient's actual OOP expenses and to not exceed Medicare reimbursement.
6. Patients with or without government or commercial insurance should contact the hospital before a procedure to ensure the most accurate estimation of cost and or patient responsibility.

I understand that the following charge information is based on historical data and is an average of charges for the service without complications. This set of charges does not include all physician fees. Your physician may find it necessary to perform more, fewer, or different procedures at the time of service, your final bill will include charges for the actual services provided to you. For questions about your financial obligation, we encourage you to contact your insurance company to verify the details of your coverage.

I understand that a single line-item charge may not represent a complete medical service; in general, multiple charge line items are necessary to represent all components of a service (e.g., procedure(s), supplies, and drugs).

I understand to receive a more accurate total cost please provide as much information as possible about the specific service or procedure, along with the Physician or Specialist's name. If your doctor's office can provide you with the procedure codes or CPT codes, a more accurate estimate can be provided.

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