



umcg

Paying for hospital care

Introduction

We would like to inform you about the payment of hospital care. This is important information if you are a patient at UMCG or if you are considering making an appointment at UMCG. If you live or work in the Netherlands, health insurance is obligatory. This brochure is for patients with a Dutch health insurance.

Using hospital care may have financial consequences for you

It is your responsibility to ensure payment of your costs of treatment. This is why we advise that you check the terms and conditions of your health care policy before making an appointment at UMCG. When in doubt, it is best to contact your health insurer to check whether the costs will be reimbursed.

Outline

Basic health insurance

To hospital care paid for from the basic health insurance a deductible applies. This concerns both the statutory deductible of € 385,= and the voluntary deductible.

Please bear in mind that you may have to put up for a considerable part of the costs yourself if:

- Your health insurer doesn't have a contract with the UMCG.
- Your health insurer doesn't have a contract with the UMCG for your type of policy or for the particular treatment you require.

Additional insurance

If you receive care that is not covered by the basic health insurance, you must pay these costs yourself (depending on the terms and conditions of your additional insurance).

A further explanation about the payment for hospital care is given below. For up-to-date information please refer to the websites kostenzorg.umcg.nl or www.dezorgnota.nl

Good and affordable hospital care

In the Netherlands hospitals and health insurers make arrangements (enter into contracts) about the quality, quantity and costs of a large part of hospital treatments. This is one of the things that encourages the hospital to provide good quality while keeping the costs as low as possible.

A hospital invoices the most of the costs of care on the basis of Diagnosis Treatment Combination care services (DBC). A care service is the combination of all activities and procedures required for the diagnosis and the ensuing treatment within a defined period. After this period the hospital will draw up an invoice. In many cases, UMCG sends this invoice directly to the health insurer.

Basic health insurance

Most care provided by UMCG is covered by the basic health insurance. Each year, the government decides what should be covered by the basic health insurance. The hospital sends the invoice of a care service covered by the basic health insurance to the health insurer directly. This is subject to the condition that there is a contract between the health insurer and the hospital.

Deductible

There is a statutory deductible for every person from the age of 18. This is set at € 385, = . The deductible applies to hospital care that is paid for from the basic health insurance. Depending on the terms of your particular insurance policy, your health insurer will collect this amount from you. In most cases, hospital care costs more than € 385,=.

Depending on the terms of your particular insurance policy and the arrangements made between your health insurer and UMCG, the costs of treatment are reimbursed either entirely or in part. This could mean that you have to pay part of the costs yourself.

- If your health insurer has entered into a contract with UMCG, UMCG will charge the agreed contract sum.
- If your health insurer (for your type of policy or treatment) does not have a contract with UMCG, UMCG charges what is called the visiting patient rate. In which case, you will receive an invoice from the UMCG. Please bear in mind that if your health insurer does not have an agreement with the UMCG, you may have to pay a considerable part of the costs of your treatment in the UMCG yourself.

Budget policies

Many health insurers offer budget policies which are cheaper, but also offer less choice in care givers. If you have taken out such a policy, be sure to carefully read its terms and conditions to check if the care you need in the UMCG is fully covered.

For 2019, the UMCG has no contract for the following budget policies:

<p>Zilveren Kruis:</p> <ul style="list-style-type: none">• Zilveren Kruis Basis Budget• Zilveren Kruis Basis Budget (ABN)• Zilveren Kruis Basis Budget (Rabobank)• Ziezo Selectief Polis• Zorg Plan Selectief polis (volmacht) One Underwriting Health B.V.• Principe Polis Budget	<p>VGZ:</p> <ul style="list-style-type: none">• Gewoon ZEKUR zorg
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Additional insurance

For hospital care that does not come under the basic health insurance, you have the option to take out additional insurance. Here too, the reimbursement depends on the terms and conditions of your insurance. So please read the agreement with your health insurer carefully to see whether or not you are covered by your additional insurance.

If you do not have any additional insurance, you have to pay all costs that are not covered by the basic health insurance. UMCG will send the invoice for the care services that do not come under the basic health insurance to the patient directly.

Deductible

If the care service is reimbursed either entirely or in part by your additional insurance, you will not have to pay any deductible.

You should also be aware of the following

Care without a medical necessity

Care provided without there being a medical necessity (e.g. cosmetic surgery) is always excluded from reimbursement under the basic health insurance. If so desired, UMCG will provide a quotation. You can apply for this either by mail, by email or by phone. Please find our contact details at the end of this brochure.

Care with a referral

A referral means that you have been referred to the hospital for an appointment. Normally, you will get a referral from your GP, however, other health care professionals or specialists can give you a referral too. It depends on your health insurer and on your policy which referrers are accepted. A referral is only valid for a limited period.

Hospital care is only reimbursed if you have a referral. It is your own responsibility to get one. If you make an appointment without a legally valid referral, the health insurer will not reimburse the costs.

Switching to another health insurer

The date on which a care service was first started, determines which health insurer will receive the invoice. This implies that the insurer to whom the invoice is sent, is the one where you were insured on the date on which the care service was first provided.

If you do not have health insurance

Every person residing or working in the Netherlands is under a statutory obligation to take out health insurance. If despite this statutory obligation you do not have health insurance, you must take out basic health insurance yet, before your first appointment.

If you do not have health insurance, you must pay all of the costs of treatment out of your own pocket. In this case, you will first pay an advance of the expected costs. You must pay this advance either in cash or via debit card at UMCG.

Your hospital invoice

The hospital usually sends the invoice to the health insurer directly. If the health insurer has processed the invoice, you can look it up digitally on the health insurer's website via your personal account: 'mijn [name health insurer]'. Here you can check the specification of an invoice that was started after 1 June 2014.

If you do not have a personal account yet ('mijn [name health insurer]'), you can apply for one with your health insurer.

The invoiced amount

There are various reasons for visiting the hospital: you may come in for a consultation, an examination, medicinal therapy, or minor or major procedures. The hospital does not invoice all of these elements individually, yet groups them under one code on your invoice. The code refers to a particular Diagnosis Treatment Combination (DBC) care service. DBC care services are service packages that are commonly used in case of certain diagnoses. In all, there are about 4400 care services.

The price of a care service is an average amount of all the costs of care related to a particular diagnosis and treatment. It may therefore be that in some cases the invoice is lower than the actual costs incurred, while in other cases it can be higher.

Your doctor must first diagnose you and determine which care you need. Only then it will be clear which DBC care service and related price will be invoiced.

Deductible

The deductible that you have to pay applies to the year in which your treatment commenced. The health insurer looks at the starting date of the DBC care service.

It may be that for your treatment several DBC care services are registered, with commencement dates in various years. For example: a DBC care service for the outpatient's services provided in one year and a DBC care service for surgery in the year that follows. As a result it may be that the health insurer will charge a deductible for the same treatment for more than one year.

Late invoice

Please be aware that it may take quite long (in some cases more than a year) before your health insurer (or yourself) receive the invoice from the hospital. This could imply that there will be a deductible to settle for an earlier year.

Questions

If you would like to know whether your treatment will be reimbursed or if you have any questions concerning the terms and conditions of your policy, we recommend that you contact your health insurer.

If you have any questions about the prices charged by UMCG and/or if you wish to receive a quotation for your treatment, please contact the Helpdesk Facturatie (invoicing help desk) at UMCG.

Helpdesk Facturatie / LB 23
Postbus 30.001
9700 RB Groningen

Phone: +31 (0)50 361 22 02 (available on business days from 9.00 a.m. to 13.00 p.m.)
E-mail: facturatie@umcg.nl

Helpful websites

kostenzorg.umcg.nl

On this website you will find the vesting patient rates of the care services provided by UMCG.

www.dezorgnota.nl

A website that gives information about the payment of hospital care.

www.rijksoverheid.nl

For general information about health care insurance and the funding of hospitals.

www.npcf.nl

A website of the Patient Federation NPCF. This is an alliance of thirty (umbrella) patient and consumer organisations. NPCF strives for better, safer and more affordable health care.