Your organization needs to capture revenue up front during patient point of contact to reduce time spent on patient follow-up and to accelerate patient collection times. With healthcare consumers having more financial responsibility for their healthcare services, it is important to effectively communicate and educate your patients about their financial responsibilities at the time of care.

**PNC HEALTHCARE DELIVERS**

Patient Estimator allows your staff to give patients written estimates of their expected out-of-pocket responsibility after payment by their insurance carrier based on their plan coverage (taking into account any remaining applicable deductible and co-pays). Providing patients with information and transparency into their costs can improve patient satisfaction, help you increase point-of-service collections, and help you reduce costs. Illustrated below is an example of information you can provide to patients prior to service.

**WHAT IS PNC’S PATIENT ESTIMATOR?**

Patient Estimator is a Software as a Service (SaaS)-based analytical and workflow application that enables healthcare organizations to estimate their patients’ financial responsibility amounts prior to service. Payment Estimator applies real-time analytical processing to scheduling and registration data along with historical claims and remittance data to calculate the patient balance prior to service, and assists you in collecting patient balances at the time of service.

The Patient Estimator solution:

- Generates estimates of coinsurance amounts without loading and maintaining payer contracts.
- Provides estimates for both inpatient and outpatient medical services.
- Automates eligibility transactions for co-pay, insurance deductible and coinsurance percentage used in the calculation of the patient-specific estimated payment responsibility.
- Enables patient payment estimation pre-service, point-of-service and on-demand.
- Produces a customized, patient-friendly estimate letter without needing to conduct time-consuming manual calculations.
WHAT IS PNC’S PATIENT ESTIMATOR? (cont.)

The following chart illustrates the components of an estimation:¹

<table>
<thead>
<tr>
<th>Estimation for Service</th>
<th>Estimate as of February 9, 2016, 1:54 PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Charges</td>
<td>$876</td>
</tr>
<tr>
<td>Deductible</td>
<td>$500</td>
</tr>
<tr>
<td>Insurance Adjustment</td>
<td>$15</td>
</tr>
<tr>
<td>Co-Pay</td>
<td>$50</td>
</tr>
<tr>
<td>Allowed Amount</td>
<td>$861</td>
</tr>
<tr>
<td>Co-Insurance</td>
<td>$0</td>
</tr>
<tr>
<td>Insurance Payment</td>
<td>$311</td>
</tr>
<tr>
<td>Stop Loss</td>
<td>$4,850</td>
</tr>
<tr>
<td>Balance Due</td>
<td>$550</td>
</tr>
<tr>
<td>Patient Responsibility</td>
<td>$550</td>
</tr>
</tbody>
</table>

**Integration:** Patient Estimator can be integrated with PNC’s Access Guardian for a complementary solution or is available as a stand-alone solution.

**Adaptability:** Patient Estimator has the flexibility to adapt to multiple situations in which an estimate is needed for pre-registered services. These situations include: walk-in patients, existing patients who may not yet have scheduled a procedure and “on-demand” patients calling in with pricing questions.

**Easy implementation:** Patient Estimator uses your existing electronic claim files and remittance files to apply predictive analytics for estimates of charges, insurance discount rates and co-pay for medical services, without the need to utilize and maintain provider contract information.

**Increased cash flow:** Patient Estimator can help you improve patient collections at point of service.

PATIENT ESTIMATOR: KEY FEATURES AND FUNCTIONALITY

- Extracts the co-pay amount based upon the hospital services from the payer eligibility (271) response.
- Provides a patient responsibility estimate based on patient registration (HL7) and historical claim remittance (835)/claim submission (837) data.
- Generates a customized patient letter containing the patient-specific estimate.
- Establishes business rules for co-pay and full patient responsibility estimates, raises alerts and monitors the collection process.
- Creates departmental work lists including co-pay alerts so you can prioritize the claims with the greatest return.
- Provides performance reporting by department and by user to track potential to collect versus the actual amount collected.

¹ The estimate provided when using this tool is just an estimate of the patient’s expected out-of-pocket responsibility after payment by the patient’s insurance carrier; we do not guarantee the accuracy of such an estimate.

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