

Public Notice on Billing for Hospital Services, Insurance Protections, and Patient Rights

At a time when many households are facing real cost-of-living pressures, it is important that healthcare costs are not made more difficult or unpredictable through unclear and/or improper billing practices. The Bermuda Health Council is issuing this public notice to clarify existing legal protections, promote consistent billing practices, and ensure individuals know what to reasonably expect when accessing care in Bermuda.

FOR INSURED INDIVIDUALS:

Hospital Services Provided by Hospital Staff

The list of all hospital services provided by hospital staff can be found on the Bermuda Hospitals Board (Hospital Fees) Regulations 2018 ([link](#)). Services listed on schedules 1, 2, 3, and 4a are already covered by local health insurance policies therefore insured patients should not receive a bill for these services.

Hospital Services Provided by Non-Hospital Providers

Some services delivered in the hospital are provided by clinicians who are not employed by the hospital. The provider's charges and the insurance reimbursement for this care are regulated and there are penalties in place for non-compliant providers or insurers.

For clarity:

- The regulated charges, called the Medical and Dental Charges are publicly available on the Health Council's website ([link](#)).
- It is illegal for providers to bill anything above the published charges for services delivered in the hospital.
- Where a patient's insurance policy includes coverage for the applicable service, it is illegal for an insurer to reimburse less than 100% of the published rate.



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- Discrepancies between what a provider bills an insurer and what an insurer pays are not to be passed on to the patient. It is illegal to balance bill, charge a copay or pass any additional costs on to insured patients for covered hospital-based care.

Patient Protections Are Legislated

All of the protections described above are set out in the Bermuda Hospitals Board Act 1970 (Act) ([link](#)). Any practice that involves over-billing, under-reimbursing, balance billing, charging copays or other associated fees, or improper unbundling of services constitutes a contravention of legislation and may be subject to penalties under the Act.

Insurance Is About Protecting Against the Unexpected

Insurance exists to protect against an uncertain future. Personal health status, family history, financial circumstances, and risk tolerance should all inform the type of coverage an individual chooses.

Individuals are strongly encouraged to:

- Confirm their insurance status at least annually or when significant changes occur such as employment status, marital status (where coverage was through a spouse's employer), or health status.
- Never assume levels of coverage even where there is the perception of "major medical" coverage.

Overseas Care

Insurance coverage for overseas care is not an entitlement. Insurance coverage depends on the specific policy and benefit tier selected by the individual or for employment-based coverage, selected by the employer. Where overseas care is included, the level of coverage can vary by policy and provider networks are selected by the individual insurers.

In many cases, when someone requires overseas care following a hospital admission, it is not a planned or predictable event. Attempting to time insurance coverage or obtain insurance after the fact is both unrealistic and risky.

FOR UNINSURED INDIVIDUALS

These protections do not apply to individuals who are uninsured at the time services are delivered. Persons who are uninsured—whether due to voluntary decisions, employer non-

compliance, or other circumstances—should expect to receive bills from the hospital and from health service providers for all procedures performed.

Financial Assistance Is Available

The Health Council recognizes that not everyone is in the same financial position, and that unexpected healthcare needs can create stress and uncertainty.

If you are experiencing financial hardship:

- Financial assistance options do exist, including hospital-based financial counselling and government support mechanisms.
- Individuals are encouraged to ask about these options in advance rather than avoiding care or assuming no help is available.

FOR ALL PATIENTS

Global Periods

Many procedures are governed by rules regarding bundled billing for care related to a primary procedure. In other words, where a procedure is performed, there are rules on billing for that procedure and any before- or after-care related to that procedure.

Global periods vary by procedure but generally, this required bundled billing means that the published fee already includes the individual allowable charges for:

- The procedure itself (the primary procedure),
- Routine pre-procedure assessment, and
- Routine post-procedure follow-up care over the defined global period.

It is illegal for a health service provider to:

- Ignore published global billing rules ([link](#)), or
- Bill separately in an office or other setting for services that are already included within the global fee, even if the primary procedure and/or pre- and post-procedure care were provided in a mixture of settings. For example, if pre-procedure and post-procedure consults were provided in office but the procedure itself was performed in the hospital, the global period for that hospital procedure must be honoured.

For patients, this means that routine follow-ups and related care covered by the global period should not generate additional bills. Unbundling these services and charging them separately is unlawful.

LOOKING AHEAD

Universal Health Coverage

The Health Council is providing technical and policy support to the Government's work in advancing Universal Health Coverage (UHC). UHC is a long-term solution which will ensure that everyone has access to a base layer of patient-centred protection, regardless of income or ability to pay.

UHC is intended to strengthen access to essential services while reducing reliance solely on market-based insurance and individual financial capacity.

Questions and Support

Members of the public with questions about insurance coverage, employer obligations, or patient billing rights are encouraged to contact the Bermuda Health Council at contactus@healthcouncil.bm or complete the Feedback Form ([link](#)) on our website

The Council remains committed to fairness and transparency, and to ensuring that healthcare billing is not unnecessarily cumbersome for individuals and families across Bermuda.