

Patient Billing

QUESTIONS/
ANSWERS
&
ASSISTANCE
PROGRAMS

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Patient Billing:

AN INTRODUCTION

Thank you for choosing Rush Oak Park Hospital. We are committed to providing exceptional and compassionate health care service that promotes the dignity and well being of our patients.

Rush Oak Park Hospital Patient Financial Services is pleased to assist patients in understanding billing procedures. As a courtesy, our office bills your insurance company when you provide valid identification and information regarding insurance coverage at the time of your registration.

Outlined in this brochure for your convenience are answers to the most frequently asked questions about billing and insurance. In addition, we have included an outline of patients' financial responsibilities and a glossary of terms frequently used in health care billing.

For information about uninsured patients and our hospital assistance program, please see the section entitled ***Options for Those Seeking Assistance.***

Patient

FINANCIAL RESPONSIBILITIES

What should you bring when you come to the hospital?

It is the patient's responsibility to bring *insurance information, identification, medication information and demographic information*. If you have been here before, we will go over the information we have to ensure that we have current information. Patients need to contact the business office at 708-660-5555 or admitting at 708-660-5608 if they need questions answered, help with their bill, or cannot make their payments.

To make advance arrangements prior to a surgery or procedure, please call our **Financial Counselor at our toll-free number, 866-761-7813**.

IT IS THE PATIENTS' RESPONSIBILITY TO KNOW THE TERMS OF THEIR OWN POLICY. WE DO NOT KNOW WHAT YOUR INDIVIDUAL POLICY COVERS.

Some of the items that would be useful at time of registration or while in our Emergency Room are listed below:

- √ Some type of identification, i.e., driver's license, birth certificate, passport, state ID.
- √ Insurance Cards. If you have more than one policy, bring ALL your insurance cards. These cards contain a wealth of information that allows the doctor or hospital to bill to the correct site for your insurance company. It also identifies your group and policy number that is necessary for billing.
- √ Medicare or Medicaid Cards.
- √ Employer information that is necessary for workers compensation.
- √ Responsible party or guarantor information.

- √ Automobile Insurance card (in the case of a motor vehicle accident).
- √ Reason for visit.
- √ Attending physician name and phone number.
- √ Preauthorization forms or referrals.
- √ Consent for minors.
- √ Co-pay/deductible amounts.
- √ Any accident information.
- √ List of current medications.
- √ Copies of any Advance Directives.
- √ Name, addresses and phone numbers of family members or friends to contact in an emergency.
- √ Updating your address and telephone numbers if you have moved.

Our promise to you

Rush Oak Park Hospital is affiliated with the Wheaton Franciscan Sisters. We share their mission of mercy and compassion. The hospital will accept any patient for Emergency Services, regardless of their ability to pay for these services. Elective services are calculated to structure the uninsured patient's liability to equal and in some cases, exceed our contractual discounts.

We will deliver an itemized bill to you upon your request. This will be done in a timely manner. We will bill your insurance company for you, regardless of whether they are contracted with the hospital or not. We will answer your questions to the best of our ability and treat you as we would wish to be treated.

FREQUENTLY ASKED QUESTIONS

1. How much do I owe?

You will not receive a statement from us until your insurance has paid its portion or denied the bill.

2. How do I know that my insurance has paid?

Your initial statement will tell you how much we have received from your insurance company and how much you owe as your portion.

3. What if I have questions?

Our toll-free customer service phone lines at 866-761-7813 are open Monday through Friday from 8:00 a.m. until 4:30 p.m. The business office window, if you prefer to come in person, is open Monday through Friday, 8:00 a.m. until 4:00 p.m.

4. How do I get a copy of my bill?

Please call our toll-free customer service number, 866-761-7813, and we will be happy to send you a copy of your itemized bill.

5. Why can't my relative call and get information for me on my account?

In April 2003, a Federal regulation called HIPAA went into effect. HIPAA stands for *Health Insurance Portability and Accountability Act*. This act protects your private health information among other things. The hospital cannot release **ANY** information concerning your account to anyone but yourself or your legal guardian without your written permission unless specifically allowed by law.

6. I received a bill from a doctor whom I did not see. Why?

The hospital sends some laboratory tests and all X-Rays to another doctor to study. You will receive a bill from this physician directly.

7. I did not receive some of the services for which I have been billed, what should I do?

Please call our toll-free customer service line at 866-761-7813 between 8:00 a.m. and 4:30 p.m., Monday through Friday. If you call after hours, please leave a message with your name, date of service and account number. Your call will be returned the next business day.

8. Where are you located?

Patient Financial Services is located behind the main reception desk in the front lobby of the hospital. Please stop there first and staff will direct you.

9. What if I cannot pay what I owe?

The hospital has a variety of options that are available to all qualified patients. Please call our toll-free customer service lines at 866-761-7813 during business hours to set up a payment plan or to obtain financial assistance.

For a glossary of billing terms, see page 8.

For patient financial responsibilities, see page 2.

10. What happens after I am seen by the doctor?

For each service ordered by a physician, a charge is processed by the staff/department providing the service. These charges are placed on your account. You will have a unique account number for EVERY OUTPATIENT VISIT. After all charges have been placed on your account, the account or *claim* is prepared to be sent to your insurance company for payment.

Medical Records will review all treating physician notes and all test results to ensure that the diagnosis assigned to you by your physician (the reason that you are here) is fully supporting all tests and therapies ordered. After Medical

Records has finished reviewing your account, the account is *finalized* and sent to the Business Office for billing to your insurance company.

We bill your insurance company using the information given to us by you at time of registration. This is why it is so important that we have accurate information at the time of registration.

After your insurance company has paid, they will send both you and the hospital an *Explanation of Benefits* (EOB). This tells how they paid and what they paid for. The EOB sent to the hospital also states how much, if any, of your bill you will be responsible to pay.

After the hospital has determined any additional amount owed by the patient, we send out a *statement*. This will tell you that we have billed your insurance, how much they have paid, and how much you owe.

The hospital has many different ways of accepting payment. You may pay by check, cash or credit card. You may pay over the phone or in person, or can send in your payment by mail. This payment is then *posted* to your account, and any additional *contractual adjustments* will be removed from your balance.

11. What if I do not have any insurance?

If you do not have any insurance, we offer a discount. If you cannot pay your bill at time of service, the hospital offers an interest free payment plan. We can offer assistance in applying for State Public Aid or you may qualify for our hospital assistance program if you do not qualify for Public Aid but cannot afford to pay your bill.

12. What if I have insurance and cannot afford to pay my portion of the bill?

The hospital offers payment plans that can be set to meet your budget. You may also qualify for hospital assistance if you still cannot afford to meet your financial obligations. Please call the business office at our toll-free number, 866-761-7813, for more information.

OPTIONS FOR THOSE SEEKING ASSISTANCE

UNINSURED DISCOUNT POLICY

If you are uninsured and services are performed here at Rush Oak Park Hospital, you will receive a discount for all inpatient admissions and all outpatient services. There are several ways to pay:

- Payment accepted at time of service:
 - o Cash
 - o Personal check
 - o Credit card
 - o Payment plans also available

Even though you do not have health coverage you may be eligible for **Medicare, Public Aid, Family-Care, Kid-Care**, or if you are a victim of a crime you may qualify for the **Crime Victims Assistance Program**.

HOSPITAL ASSISTANCE PROGRAM

If you cannot afford to pay your hospital bill, you may qualify for our Hospital Assistance Program. If guidelines are met, you may qualify for your bill to be adjusted or waived.

For more information regarding the above programs, please contact our Financial Counselor at our toll-free number, **866-761-7813**, Monday – Friday: 8 a.m. – 4 p.m.

GLOSSARY

OF TERMS

account

Your charges for a medical visit.

Advance Beneficiary Notice

A notice the hospital or doctor gives you before you are treated, telling you that Medicare will not pay for some treatment or services. The notice is given to you so that you can decide whether or not to have the treatment.

Advance Directive

Written ahead of time, a healthcare advance directive is a written document that says how you want medical decisions to be made if you lose the ability to make decisions for yourself.

amount not covered

What your insurance company does not pay according to your individual policy benefits. It includes deductibles, coinsurances, and charges for non-covered services.

appeal

A process by which you, your doctor, or your hospital can object to your health plan's decision not to pay for physician-ordered services.

applied to deductible

Portion of your bill, as defined by your insurance company, that you owe your doctor or hospital.

assignment of benefits

When your insurance payments are sent directly to your doctor or hospital.

authorization number

A number stating that your treatment has been approved by your insurance plan.

case management

An interdisciplinary team within the hospital, which helps you receive the care you need, especially when you need preauthorized care from several services.

claim

Your medical bill that is sent to the insurance company for processing and payment.

coinsurance

The cost-sharing part of your bill that you will have to pay.

coinsurance days (Medicare)

Hospital Inpatient Medicare coverage from days 61 to 90 of continuous hospitalization. You are responsible for paying a portion of those days. After the 90th day, you enter your lifetime reserve days.

Contractual Adjustments

A portion of the bill that your doctor or the hospital must absorb because of agreements with your insurance company.

Coordination of Benefits (COB)

A way to decide which insurance company is responsible for payment if you have more than one insurance plan.

Co-Payment (co-pay)

A cost-sharing part of your bill that is your responsibility to pay.

Covered Benefit

A health service that is included in your health plan and that is paid for either partially or fully.

diagnosis code

A numeric code used by billing, which describes your illness.

Diagnosis Related Groups (DRG)

A payment system for hospital bills. This system categorizes illnesses and medical procedures into groups for which hospitals are paid a fixed amount per admission by Medicare.

eligible payment amount

Those medical services for which an insurance company pays.

estimated insurance

Estimated amount paid by your insurance company.

estimated amount due

How much your doctor or hospital estimates that you or your insurance owes.

Explanation of Benefits (EOB)

The notice you receive from your insurance company explaining the fees charged and the amount paid on each charge.

financial responsibility

How much of your bill you have to pay.

guarantor

Someone who has agreed to pay the bill.

HIPAA

Health Insurance Portability and Accountability Act. This Federal Act sets standards for protecting the privacy of your health information.

lifetime reserve days

Under Medicare, you have a lifetime reserve of 60 or more days of inpatient services after you use the first 90 benefit days. You must pay a fixed amount for each day of service.

medical record number

The number assigned by your doctor or hospital that identifies your individual medical record. All of your individual days of service are filed under this same medical record number.

Medicare assignment

Doctors and hospitals that have accepted Medicare patients and have agreed to accept Medicare's level of reimbursement.

Medicare Part A

Usually referred to as Hospital Insurance, it helps pay for inpatient care in hospitals and hospices, and some skilled nursing costs.

Medicare Part B

This pays for doctor's services, outpatient services and care of other medical services not paid for by Medicare Part A.

Medicare Summary Notice (MSN)

The notice you receive from Medicare after getting services from your doctor or hospital. It tells you what was billed to Medicare; Medicare's approved payment, the amount that Medicare paid, and what you have to pay. Also called an Explanation of Medicare Benefits (EOMB).

Medigap

Medicare Supplemental Insurance that, depending upon your policy, pays for some services not covered by Medicare A or B, including deductible and coinsurance amounts.

non-covered charges

Charges for medical services denied or excluded by your insurance company. You may be billed for these services.

non-participating provider

A doctor, hospital or other healthcare provider that is not part of an insurance plan's healthcare network.

out-of-network provider

Same as a non-participating provider. The provider is not listed as a Network Provider by your insurance company.

out-of-pocket costs

Costs you must pay because Medicare or other insurance companies do not cover them as a benefit.

participating provider

A doctor or hospital that has agreed to accept your insurance payment for covered services as payment in full, minus your deductibles, coinsurance or co-pay amounts.

patient amount due

The amount charged by your doctor or hospital that you have to pay.

per diem

Charged or paid by the day.

policy number

A number that your insurance company gives you to identify your policy.

pre-admission approval or certification

An agreement by your insurance company to pay for your medical treatment. Doctors and hospitals ask your insurance company for this approval prior to providing your medical treatment.

pre-existing condition

A health condition or medical problem that you already have before you sign up to receive insurance. Some health insurers may not pay for health conditions you already have.

primary insurance

The insurance company that is responsible for paying your claim first. If you have another insurance company, it is referred to as "Secondary Insurance."

statement covers period

The date your services or treatments begin and end.

supplemental insurance company

An additional insurance policy that handles claims for deductible and coinsurance reimbursement.

total charges

Total cost of your medical services.

"you may be billed"

A phrase used by your insurance company informing you that your hospital or doctor may bill some charges to you directly.

IMPORTANT CONTACT INFORMATION

Contact us in person, by phone, or visit our website.

Rush Oak Park Hospital
520 S. Maple Ave.
Oak Park, IL 60304

Toll-free (866) 761-7813 or (708) 660-5555

Business Office

Mon – Fri: 8 a.m. – 4 p.m.

Toll-free (866) 761-7813 or (708) 660-5603

Financial Counselor

Mon – Fri: 8 a.m. – 4 p.m.

www.roph.org

Rush Oak Park Hospital

www.cms.hhs.gov

Centers for Medicare and Medicaid Services

You can also link to your individual state's department of public aid from this page.