

## BILLING AND PAYMENT PROCEDURES

### Patients with Employment Injuries

If you notify us your injury is work-related and provide us employer information, we will bill your employer. If payment is not received within 60 days of the date billed, we ask that you notify your employer. If your claim is denied by your employer, we will bill you directly.

### Patients with Injuries Not Employment-Related

You are fully responsible for your hospital bill whether or not you have a claim against a third-party for your medical expenses. It should be paid within 30 days of its receipt by you. If you have a claim against someone who caused your injuries, it is important for you to provide the information at the time of the service.

### Insurance

If an insurance company has indicated a charge is "above the usual and customary," please understand this only means the charge exceeded your health plan benefit level. We use many sources to determine the appropriateness of our charges. We want to assure you that our charges reflect the cost of products used and delivery of services, the complexity of care rendered and the skill and expertise required for your care.

If you want an itemized statement or have any questions about your bill or the procedures outlined here, please contact us at the number below.

**OSF HealthCare**  
**Patient Financial Care**  
**P.O. Box 1701**  
**Peoria, IL 61656-1701**  
**(800) 421-5700**  
**Monday–Friday, 8 a.m.– 4:30 p.m.**

To review a full list of our locations visit:

[osfhealthcare.org/locations](http://osfhealthcare.org/locations)

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. OSF HealthCare cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. OSF HealthCare postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć.

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.



[osfhealthcare.org](http://osfhealthcare.org)

### Dear Patient:

Thank you for choosing OSF HealthCare for your health care services. To continue carrying out our Mission to serve with the greatest care and love, we must be wise stewards of available resources. As a patient, or a person responsible for a patient's charges, you have been given this pamphlet so you can better understand our payment policies.

Sincerely,

**Sister Agnes Joseph Williams, O.S.F.**  
**Chairperson**  
**OSF HealthCare Boards**



### Payment Options

Payment may be made with cash, check, money order, Visa, MasterCard, Discover Card, PayPal, American Express, Apple Pay or Google Pay.

An interest free payment plan can be established by going to [osfhealthcare.org/](https://osfhealthcare.org/) billing and click on "pay my bill." You also may call (800) 421-5700 for assistance.

### Financial Assistance

You may be eligible for financial assistance through OSF Financial Assistance. You may also qualify for the Illinois Hospital Uninsured Discount if you meet certain eligibility requirements. In order to qualify for these programs, applicants must provide complete financial information to the hospital. Medical insurance, household incomes and family size are some of the main factors that will be considered.

Copies of pay stubs, income tax returns, bill receipts, etc., may be requested. Income limits to qualify for the OSF Financial Assistance Program and the Illinois Uninsured Discount are set to a percentage of the annual poverty guidelines as supplied by the U.S. Department of Health and Human Services. A summary of our financial assistance programs and a copy of our Financial Assistance Policy may be obtained from our website: [osfhealthcare.org](https://osfhealthcare.org)

### Patients without Insurance or with Remaining Balances

Please contact the business office at the number listed on the back of this pamphlet within 60 days to pay in full or make other reasonable payment arrangements. Patients without insurance that meet certain eligibility requirements may qualify for the Illinois Uninsured Discount or OSF Financial Assistance. Insured patients with a remaining balance may qualify for OSF Financial Assistance. Other potential payment options are also listed in this brochure.

### Out-Of-Network Services

If you received laboratory, radiology, anesthesia or certain other ancillary services, you may get a separate bill for the professional services from the billing group associated with that service. **Some hospital staff members may not be participating providers in the same insurance plans and networks as the hospital. You may have a greater financial responsibility for those services considered out-of-network.** Questions about coverage or benefit levels must be directed to your health plan and/or the Certificate of Coverage.



### Patients on Medicare

We will bill Medicare. When we receive payment from Medicare, we will bill any secondary insurance for the balance. If payment is not made by your secondary insurance within 30 days, we will ask you to contact your insurance company to inquire about the payment and report the status to the number listed in your notice. If you do not have a secondary insurance, we will expect the balance directly from you within 30 days. Please contact us at your earliest convenience to make other arrangements, if necessary.

### Patients with Insurance

If you have a co-pay, it is due at the time of service. To assist you, we will bill your insurance for the remaining balance. If we have not received payment from your insurance company within 30 days, you will need to contact them. NOTE: If you have not provided us with adequate information to bill your insurance company, we have no other option than to bill you.

### Patients Receiving Public Assistance

After you provide us with proof of eligibility, we will bill the appropriate agency. If you have a spend-down obligation, payment is expected within 30 days of notice.