

# Payment Options and Financial Assistance

## Payment Options

Rosecrance accepts the following methods of payment:

- Cash
- Checks
- Money orders
- Visa, MasterCard and Discover

## Charity Care

Rosecrance recognizes there are unfortunate occasions when a client is not financially able to pay for his/her treatment and is not eligible for federal or state medical assistance programs. Rosecrance has established guidelines in which a client may apply for charity care assistance in certain circumstances. Rosecrance actively fundraises for Rosecrance Charity Care Fund. The availability of such financial assistance is limited. At the request of the client and/or responsible party, a financial assessment will be conducted to determine if the client is qualified to receive any financial assistance. For additional information, see your patient account representative.

## Rosecrance Assistance

A patient account representative may work with you prior to, during admission and throughout your stay to help develop a realistic funding plan that meets your personal circumstances. The patient account representative will assist in verifying your insurance coverage and any required deposits or co-payments. In the event you have public funding, Rosecrance will assist you to the best of Rosecrance ability to access that funding.

## Financial Assistance

Not everyone qualifies for financial assistance. We strive to provide as much assistance as available to qualified clients, with the understanding that you can only use one of our assistance programs per stay.

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**Rosecrance does not provide charity care or state funding for outstanding balances that consist of deductibles, out of pocket expense, co-pay and coinsurance.**





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To learn more about Rosecrance and view our facilities, visit [rosecrance.org](http://rosecrance.org)

For more information call **815.391.1000** or **888.928.5278**

Rosecrance is Accredited by The Joint Commission, is licensed and partially funded by the Illinois Department of Human Services/Division of Mental Health and Division of Alcoholism & Substance Abuse, is a certified Medicaid provider and is approved by most insurance companies.

Visit us at:

-  [rosecrance.org](http://rosecrance.org)
-  [@rosecrancenews](https://twitter.com/rosecrancenews)
-  [@rosecrance12Tweets](https://twitter.com/rosecrance12Tweets)
-  [facebook.com/lifswaiting](https://facebook.com/lifswaiting)



United Methodist  
Affiliated Agency



Accredited by  
The Joint Commission



A United Way  
Partner Agency



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ROSECRANCE MENTAL HEALTH  
AND SUBSTANCE ABUSE SERVICES

# Financial Policies and Responsibilities



## Financial Policies

The following information is being provided to help you better understand Rosecrance's financial policies, your responsibility and how we can assist you with this process.

### Financial Responsibilities

#### Routine Charges

Routine charges are fees that all clients incur while at Rosecrance. Routine fees are covered under Rosecrance's daily rate for treatment. For example: Routine fees related to inpatient treatment may include, but are not limited to, room and board, group therapy and individual sessions with a counselor.

#### Room and Board

Room and board charges are fees for overnight accommodations and meals. Room and board charges are usually included in the daily rate for residential inpatient services. Some insurance companies do not cover residential inpatient or no longer approve residential inpatient; therefore, Rosecrance offers, as a convenience to clients who are receiving partial inpatient hospitalization, the opportunity to purchase room and board services separately. These separate room and board charges are not covered by insurance and will not be billed to insurance. These charges are a client/responsible party obligation.

#### Non-Routine Charges

Non-routine charges are fees clients may incur while at Rosecrance. These fees may vary because not all Rosecrance clients require these services. The fees are based upon the services provided and will be determined at the time of service. Patient accounts representatives work with clients to estimate the amount of these charges.

Non-routine fees are in addition to the daily rate/routine fees. Non-routine fees may include, but are not limited to, the following: prescription medications, lab work, psychiatric consultations, individual mental health sessions, special medical care, and other services provided outside Rosecrance that may not be covered by the client's insurance.

### Clients' Responsibilities

#### Clients with Insurance

As a courtesy, Rosecrance staff will verify your insurance benefits. Rosecrance highly recommends that you contact your insurance carrier personally so you can fully understand your benefits. Insurance companies do not guarantee your benefits, most have a medical necessity clause and require authorization.

In some cases, it is the insured's responsibility to pre-certify and notify the insurance company before services are rendered. If the requirement for pre-certification or referral is not met, it could result in the reduction of benefits or payment. Rosecrance will work with you to provide information to best estimate your cost. Depending on the coverage, a payment may

be required at admission. However, Rosecrance cannot provide exact total amounts owed until the insurance company has processed all claims.

#### Clients with No Insurance

Rosecrance will provide you with an estimate of your cost based on the clinical recommendation; you will be required to pay a predetermined portion at admission and throughout treatment.

#### Patients with Illinois Medicaid Benefits

Upon presentation of your medical card, your benefits will be verified. Rosecrance will bill the appropriate agency on your behalf. You may be responsible for non-routine charges; you will be billed accordingly. If you have a Spend-Down amount, you may be asked to pay the required amount before services are rendered.

#### Patients with State Funding

If the client qualifies for state funding, Rosecrance will provide you with an estimation of your cost based on the clinical recommendation; you may be required to pay a predetermined amount at the time of admission.

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**If you have any questions about your bill or the information provided in this brochure, please call 815.391.1000 and ask for one of our patient account representatives.**

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## Items to Provide

Depending on your funding, you must provide documentation, including, but not limited to, the following:

- Copy of your driver's license or State Identification card
- Copy of insurance cards/Medicaid card/prescription card
- Copies of your most recent pay check stubs
- Copies of outstanding medical bills
- Most recent federal tax return
- Proof of Social Security earnings
- Proof of exhaustion of third-party payers
- Proof of dependency (for minors)
- A statement explaining how you pay for your living expenses (if you are unemployed with no source of income)
- Statement for non-retirement accounts

**It is important to understand that if Rosecrance does not receive the required information, your application for admittance will be considered incomplete and admission could be delayed.**