

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

For more information call  
**815.391.1000** or  
**888.9 AT LAST**

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

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# Financial Policies and Responsibilities



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## 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

*Fees fall into two basic categories.*

#### *Routine Charges*

These are fees all patients incur while they are at Rosecrance. Routine fees are covered under Rosecrance's daily rate for treatment.

Routine fees related to inpatient treatment may include, but are not limited to, room and board, group therapy and individual sessions with a counselor.

Routine fees related to outpatient treatment are associated with group and individual sessions.

#### *Non-Routine Charges*

These are fees some patients incur while they are at Rosecrance. These fees vary because not all Rosecrance patients require these services. Non-routine fees are in addition to the daily rate. Your patient account representative can tell you the rates for these services.

Non-routine fees may include, but are not limited to, prescription medications, lab work, psychiatric consultations, individual mental health sessions, special medical care, and room and board charges should your insurance policy not cover them.

### Rosecrance Assistance

A patient account representative will work with you prior to and 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, we will assist you to the best of our ability to access that funding.

#### *Patients with Insurance*

As a courtesy, Rosecrance staff will verify your insurance benefits. We highly recommend that you contact your insurance carrier personally so you can fully understand your benefits. Insurance companies do not guarantee your benefits. We will work with you to provide information to best estimate your cost. Depending on the coverage, a payment may be required at admission.

#### *Patients with No Insurance*

We 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.

#### *Patients with Illinois Medicaid Benefits*

Upon presentation of your medical card, your benefits will be verified. We will bill the appropriate agency on your behalf. You may be responsible for non-routine charges, and you will be billed accordingly.

#### *Patients with State Funding*

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.

### Payment Options

Rosecrance accepts the following methods of payment:

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

Rosecrance has an affiliation with a local bank. You may qualify for a loan.

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.

### Items to Provide

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

- Copy of your driver's license
- Copy of insurance cards
- 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