

Women's Healthcare of Illinois

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Phone (708) 349-7310 ♦ FAX (708) 349-6916

Billing Department

Phone (708) 422-9942 Fax (708) 422-4253

Welcome to Women's Healthcare of Illinois!

Thank you for choosing Women's Healthcare of Illinois for your health care needs. In order for us to provide you with the best possible service please be read our financial policy listed below. If at any time you have questions or would like our assistance please contact our Billing Department at (708) 422-9942.

Registration Form:

We require complete, accurate, and up-to-date information on your registration form in order to bill your insurance company. We will ask you to update this form at least annually or when changes need to be made (address, insurance coverage, phone number, etc.). If we do not have current phone numbers we will not be able to contact you in the event of any schedule changes. Thank you in advance for your cooperation and patience.

Insurance Cards and Picture ID:

You will be asked to show the receptionist your current insurance card at each visit. We also need to copy your picture ID on your first visit. Please come prepared. This allows us to verify the information and assist you in collecting the benefits from your insurance company to which you are entitled.

Insurance Verification Process:

After your initial appointment, we make every effort to verify your coverage, co-pay and deductible amounts 24-72 hours prior to each subsequent visit.

Insurance Policies:

For insurance companies that we participate with:

We are pleased to bill your insurance company for you. If your insurance company requires you to make a co-payment, co-insurance, and/or deductible we require this payment at the time of service. ***For your convenience we accept Visa and Mastercard.*** If you are unable to make payment at the time of service we will reschedule your appointment. In addition, you are responsible for any amounts the insurance plan deems not covered, up to the entire amount.

If we do not hear from your insurance company:

If we have not received payment or rejection from your insurance company in a timely manner, we will transfer the balance to your responsibility. We request your assistance in following up with your insurance company to resolve any non-payment issue.

For insurance companies that we do not participate with:

You are responsible to pay for all services rendered at the time of service. Your insurance may cover some or all of the costs of your service and we are happy to assist you by submitting your insurance claim for you. This does not guarantee payment and it does not relieve you of your obligation to pay at the time of service. Your insurance company may reimburse you, or possibly reject the claim. Your insurance company is required to notify you of the reason behind any denial so that you can follow up with them accordingly.

Self Pay:

If you do not have insurance or are seeking care outside of your insurance plan benefits, payment in full is requested at the time of service. Our staff will gladly give you an estimate of your visit prior to your appointment. If you are interested in making arrangements to have the balance paid in full by your appointment date, please contact our Billing Supervisor at (708) 422-9942. For your convenience we accept cash, checks, money order, Visa and Mastercard.

Pre-payment of Delivery & Procedure Fees:

We will contact your insurance company to verify your benefits for delivery and/or surgery. We will attempt to determine the cost of a delivery or procedure that will not be covered by your insurance. Payment of your balance in full is required before the delivery or procedure. For your convenience, payment arrangements are available. Call us to set up a payment plan. Remember, the insurance company will only estimate the amount you may owe. This verification of benefits is not a guarantee of payment. Please call your insurance company if you have any questions.

Fees:

Our fees for professional services are consistent with those in the community. An estimate for proposed services may be obtained upon request, and in many instances are given routinely. We suggest you contact your insurance company prior to services being rendered to clarify your potential financial responsibility.

Health plan coverage varies significantly by carrier, by employer, and/or by contract. We cannot know the benefits and exclusions of each patient's health plan. It is the patient's responsibility to know and understand her plan coverage and benefits.

If you have any questions regarding our fees, we encourage you to discuss them with our Billing Supervisor at (708) 422-9942.

Disability and Other Forms:

We realize that special forms are sometimes necessary to provide documentation of medical conditions. Completing forms is time consuming and generally falls outside of the contractual relationship between you and your insurance company. We will be happy to complete the initial form for you free of charge. Each additional form must be accompanied with a filing fee of \$20.00 prior to completion. Please allow appropriate time for completion.

Returned Checks:

A fee of \$15.00 for checks returned to us for insufficient funds will be charged to your account. Future services will require payment by cash, money order, or credit card for your payment obligations.

Statements:

You will receive a statement from our Billing Department once a month if there is an outstanding balance. The billing statement will itemize services as well as any payments, deductibles, or co-insurance amounts applied by your carrier. Payment is due within 15 days of receiving the statement. It is important to pay the balance within this time frame to avoid additional collection action. If you do not understand your statement or have questions regarding your balance, please feel free to contact our Billing Department at (708) 422-9942 for clarification. If your insurance delays processing or processes your claim incorrectly, you will need to contact them directly. If you cannot meet your financial obligation, please contact our Billing Supervisor. Every effort will be made to work out an acceptable payment plan. You will continue to receive a statement until all of your charges and all dates of service are paid in full.

Past Due Accounts:

In the event that a balance becomes past due, the account will be considered delinquent. Delinquent accounts are subject to further collection action, including placement with a collection agency. Accounts that are placed with a collection agency now become the responsibility of the collection agency, Credit Bureau USA. In addition, all accounts placed with Credit Bureau USA will also be forwarded to three major credit bureaus which will affect your credit report. The patient is responsible for the balance in addition to any late payment penalties, interest and legal fees incurred during the collection of funds. Any debt collection or dispute proceeding will be heard in Lake County, Indiana.

For accounts that have been forwarded to the collection agency, please contact the agency at:

Credit Bureau, USA
Muenich Court & Hohman Avenue
PO Box 8000
Hammond, IN 46325-9998
(219) 932-1000

Terminated from Practice:

All patients whose account has been turned over to a collection agency will be terminated from the practice. Upon payment in full, patients are eligible for reinstatement to the practice.