

Who do I contact if I have a question about my bill?

Phone. Call customer service at 1-844-843-3594, Monday – Friday, 7 a.m. – 6 p.m., and Saturday, 7 a.m. – 11 a.m. (CST).

MyChart. To sign-up for a MyChart account, go to www.mychart.uchospitals.edu/mychart. You will need to have the activation code located on your billing statement to register.

If you do not have an activation code, follow the instructions on the website to send a request for a new activation code. Once your information has been verified, you will receive an email (within 5 business days) with your activation code and instructions on how to activate your MyChart account.

If you need help with MyChart, contact the customer support center at 1-844-442-4278.

Written Inquiry. Send written inquiries to the University of Chicago Medicine, 8201 S. Cass Avenue, Darien, IL 60561-5314.

How can I pay my bill?

MyChart: (Instructions to register for MyChart are in the previous question.)

On-line: Go to www.uchospitals.edu/billing for online bill pay options and instructions.

Phone: Call 1-844-843-3594, Monday – Friday, 7 a.m. – 6 p.m., and Saturday, 7 a.m. – 11 a.m. (CST).

Mail: Send your payment(s) to the address located on your billing statement(s).

For more information regarding billing and financial services, visit our website at www.uchospitals.edu/billing.

WHAT ARE MY FINANCIAL RESPONSIBILITIES AS A PATIENT?



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As a patient, it is in your best interest to know and understand your insurance plan benefits and your responsibilities for any deductibles, co-insurance, or co-payment amounts prior to any visit. Not all services are covered by all insurance plans. If your insurance plan does not cover a service or procedure, you may be liable for full payment of the bill.

To find out what your insurance plan covers and what your financial obligation may be, call the Customer Service or Member Services Department of your insurance company (the phone numbers are on your insurance card). Your employer's human resources department may also be a source of information and assistance.

It is important to understand your insurance plan's current benefit and coverage rules. Policies and coverage determinations may vary from year to year. Please be aware that some services may be billed as "hospital based outpatient services" and not as private doctor office or physician office visits. Some insurance plans pay different benefit levels for each type of visit.

You should also check that your insurance company lists both your physician and the hospital as in-network participating providers. If you have services provided by an out-of-network provider, you may be at risk for a greater out-of-pocket financial responsibility. If you don't see your health plan listed as contracted with the University of Chicago Medicine (UCM), or if you have any other insurance questions or concerns, contact the University of Chicago Medicine's Office of Managed Care at (773) 834-4730 or see our website at www.uchospitals.edu/billing/managed-care.html for a list of contacted insurance plans.

What financial assistance is available if I have difficulty paying my bill?

The University of Chicago Medicine offers financial assistance that may cover all or part of a patient's account balance(s) for all patients receiving health care services that meet the hospital's criteria for eligibility. Any patient with a balance due related to health care received at UCM, or any person responsible for paying a patient bill for health care received at UCM (guarantor) may request, receive and submit for an application for financial assistance.

Patients must meet the hospital's criteria in order to get financial assistance. Proven financial need, family income,

family size and other resources determine if a patient can get a discount on the account balance that is due. For more information, please visit our website at: www.uchospitals.edu/billing or contact a UCM Financial Assistance Representative at (773) 702-6664 or toll-free at (800) 827-0125.

What should I bring when I come for services?

Please bring the following materials to your visit:

- Current insurance card
- Photo identification
- Referral from your primary care physician (if applicable)
- Credit card or check to cover your copay due at time of service

What if my demographic information or insurance coverage changes?

Please notify us as soon as possible if your demographic information or insurance coverage changes. To update your information, you can call customer service at 1-844-843-3594, Monday – Friday, 7 a.m. – 6 p.m., and Saturday, 7 a.m. – 11 a.m. (CST). Please also bring your new information (insurance card and photo ID) to your next physician or hospital visit.

What if my insurance plan requires a referral and/or prior authorization?

It is your responsibility to confirm with your insurance company if referral or prior authorization is required for the services you will be receiving. You must obtain referral and/or authorization prior to your physician or hospital visit.

Referral. If your insurance company requires a referral, contact your primary care physician prior to your appointment and bring a copy with you.

Prior Authorization. Review your benefits or contact your insurance carrier to see if a prior authorization is required.

If your insurance company requires a referral and/or authorization and you do not have one, you may not be scheduled or seen for your scheduled appointment and you will be responsible for full payment of your bill at the time of service. If our specialist requires more visits or tests than your insurer approves or if the referral has expired, you must contact your primary physician for another referral and/or prior authorization before any additional services are scheduled.

When is my deductible, co-insurance or co-pay due?

The patient co-pay is due at the time of your visit. In addition, you may be requested to pay your deductible, coinsurance, and other outstanding balances.

What is included on my bill?

You will receive one bill that will include charges and balances for hospital and physician services. If you have received services prior to November 1, you may still receive separate bills for a period of time. In addition, if you visit with a University of Chicago Medicine physician at another facility, you may receive multiple billing statements.

For **inpatient care**, your bill statement may include fees from your primary physician, a consulting physician, anesthesiologists, radiologists, pathologists and others who performed services for you. Also, it may include charges for the hospital room, nursing care, meals, supplies, medications, and technical charges for x-rays and lab tests.

For **outpatient care**, your bill may include physician fees associated with an outpatient clinic visit and other non-physician charges related to the visit, the diagnostic tests and equipment used at the University of Chicago Medicine.

When can I expect to receive a bill?

Charges will be billed to your insurance carrier as applicable. If your insurance company does not pay within ninety (90) days of receiving a bill, you may receive a statement showing that your insurance company has not paid the bill. After the insurance claim is resolved, you will receive a billing statement that will include your balances due for both hospital and physician services. Payment is due within (21) twenty-one days after a bill is sent to you.

Whether you have insurance coverage or not, you as the patient are ultimately responsible to make sure your bill is paid. If you receive a statement showing that your insurance company has not paid, please contact your insurance company for the reason why payment has not been made.