Thank you for choosing Aurora Health Care. This information will help you make informed decisions about your health care and answer questions you may have about payment for services. It is important you are aware of your responsibilities in the billing and payment process. We will help you through this process in any way we can.

If you have insurance

Insurance plans may not cover the full amount of the charges, and you will be responsible for any unpaid balances.

• All copayments or deductibles must be paid before the service being performed.

• Please keep us informed of any changes in your health insurance by calling 800-326-2250. If you do not provide this information, you will be billed for the entire cost of services.

• If you have an outstanding balance, you will be asked to make a payment or set up a payment plan before your next service.

• If your care is related to Worker’s Compensation or Occupational Health, please advise each department providing services.

• Notify Aurora if your health insurance policy has certain requirements for referrals, prior authorization and pre-determinations.

• If you are covered by an HMO (health maintenance organization) managed care plan, your insurance may restrict where you receive care. If you receive services outside of your network, you may be responsible for your charges. Check with your insurance company to ensure your provider is in network.

If you do not have insurance

You may be asked for a deposit before your scheduled service.

You will be required to meet with an Aurora financial advocate. They will help you find out if any financial programs are available to you.

Payment options

You can pay your bill by going to aurora.org/billing, calling 800-326-2250 or by mailing a check to: Aurora Health Care PO Box 809418 Chicago, IL 60680-9418

COBRA (Insurance coverage)

If you were recently covered by insurance under a group health plan, you may be eligible to extend that coverage to assist you with your medical bills. Our financial advocates can help you find out if you qualify for COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage.

Medicare benefits

• Medicare covers services (lab tests, surgeries, and doctor visits) and supplies considered medically necessary to diagnose or treat a disease or condition.

• If you need something that’s usually covered and your doctor thinks that Medicare won’t cover it in your situation, you will be asked to read and sign a notice stating that you may have to pay for the item, service or supply. If you are asked to sign a form, please talk to your doctor about the service, item or supply that has been ordered.

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• In most cases, the prescription drugs you get in a hospital outpatient setting, such as an emergency department or during observation services, aren’t covered by Part B. (These are sometimes called “self-administered drugs” that you would normally take on your own.) You will likely need to pay out of-pocket for these drugs and submit a claim to your drug plan for a refund.

• If you are sent a bill for self-administered drugs you received in a doctor’s office, call your Medicare drug plan for more information.

We are here to help you. If you have questions about COBRA or Medicare coverage, please call us at 800-326-2250.

**Emergency department**

You may be required to pay your copay or make a payment toward your service at discharge.

**Financial Assistance Programs**

Learn more about Aurora’s Financial Assistance Programs through the Financial Assistance Program Brochure and/or visiting our website at aurora.org/helping hand.

**Your responsibility for account balances**

**If you do not have health insurance or if you still owe money after your insurance company has paid their portion:**

• You will receive a statement showing the amount you owe. Please pay the full amount by the due date.

• If you cannot pay your bill by the due date, please call 800-326-2250.

• If you do not pay, or pay only a part of what you owe without setting up a payment plan with us, this could result in further actions (see “Aurora’s collection policy” in this brochure).

• If you set up a payment plan with us, any new bills will be added to that plan. This may require an increase in your monthly payment for the duration of your payment plan.

• If you miss or fall behind on your payment plan, it will be considered broken and no new bills will be added to the plan. If this happens, you must contact us to bring your account current. Not contacting us to do so could result in further actions.

**Aurora’s collection policy**

• Aurora Health Care policy prohibits deferring, denying or requiring a payment before providing medically necessary care because of your nonpayment of one or more bills for previously provided care that was covered under Aurora’s Helping Hand Program.

• If your account becomes past due, Aurora Health Care may take actions to try to resolve the debt. This may include collection calls to you or the guarantor, face to face appointment requests with an Aurora representative, collection letters, e-mails, and other electronic communications.

• Also, Aurora Health Care could authorize the sale of the debt or refer a past due account to a collection agency. The agency could pursue the extraordinary collection actions (ECA) of credit bureau reporting in timelines that are permissible by federal law.

• No ECA will take place if you have a financial assistance application in a pending review status.

• Further information on Aurora’s collection policy may be obtained through Aurora’s website at aurora.org/collectionprocess.

**Need help or have questions? Please call us toll free at 800-326-2250:**

If you have a question about an insurance claim filed on your behalf, or about an account statement you received. If you need to notify Aurora of changes in your insurance or other information.