

## Payment Policies and Expectations

Date: 9/1/2023

### Welcome

Welcome to Rosalind Franklin University Health Clinics. We thank you for choosing RFU HC as your preferred provider. We are committed to providing you with quality, patient centric and affordable healthcare. This letter explains patient and payor responsibility for services rendered. We ask that you review this, ask any questions that you may have, and sign this agreement in acknowledgement of our payment policies. A copy will be provided to you upon request.

### What to Expect from Rosalind Franklin University Health Clinics

RFU HC participates in most insurance plans, including Medicare. If you participate within a contracted health insurance (such as Medicaid, Medicare, private insurance, or other governmental or additional insurance plan), RFU HC will:

- Submit claims on your behalf to your insurance carrier for appropriate payment for all services, supplies, and use of facilities utilized to provide any medical or behavioral health care services.
- Provide you with information regarding balances owed to RFU HC once all insurance payments have been made.
- Provide you with an account statement upon request.
- If you do not have insurance (Self-Pay), are out of network, or if you indicate in advance that RFU HC does not bill a service to your insurer, we will provide you with a Good Faith Estimate of the costs for services.
- In the event your insurance denies payment for services, RFU HC will take reasonable steps to appeal these denials. Ultimately, you the patient is responsible for paying for any denied claims for services rendered.
- If you do not have health insurance, or have difficulty paying your bill RFU HC provides financial assistance options, including discounted care or interest-free payments. For more information please contact our financial counselors.

### What Rosalind Franklin University Health Clinics Expect of You

RFU HC expects the following from patients upon provision of services:

- **Proof of Insurance:** We require that you provide up-to-date insurance information and pertinent personal information including a physical insurance card as well as a physical government ID at the time of service.
- **Annual Forms:** We require that you acknowledge and sign all required annual forms, including the Annual Consent for Medical Care and Services, release of information, and acknowledge the Privacy Practices and No Show/Cancellation Policy.
- **Changes in Coverage:** We require that you notify RFU HC of any changes to your insurance/coverage, ability to pay, or updated guarantor (person ultimately accepting financial responsibility for the bill) information. Failure to provide this information may result in incorrect insurance claims being filed and you will be responsible for the balance of the claim.
- **Co-Payments, Coinsurance and Deductibles:** We require that all co-payments are paid at the time of service. Additionally, we require all account balances for coinsurance and deductibles be paid in full prior to services being rendered.

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- **Out-Of-Network and non-covered services:** As all RFU HC provider may not participate within the same insurance plans or networks, services provided by non-participating providers within an insurance plan or network are defined as “out-of-network services”. You may have a greater financial responsibility for these out-of-network services.
- **Outstanding Balances:** If your account is past due by 90 days or more, you will be contacted via phone and or letter, stating that you have 30 days to pay your account in full. Partial payments will not be accepted, unless otherwise negotiated with an RFU HC Financial counselor. If a balance remains after this notice, you will be referred to a collection agency and you may be discharged from the practice. If a termination does occur, you will be notified by certified mail and through your patient portal of said termination with a minimal of 30 days’ notice. During that period, we will only be able to treat you on an urgent basis.
- **Missed Appointments:** We ask that you contact us within 48 hours of your *scheduled* appointment if you are unable to keep your scheduled appointment. In the event that you do not provide a minimum of 24 hours’ notice, RFU HC reserves the right to charge a fee of \$50 for each appointment that is cancelled with less than 24 hours’ notice and \$100 for each No-Show appointment. Clinicians reserve the right to terminate services if a patient has more than 2 no-shows within the same month or 3 or more No-Shows within 3 consecutive months.

## Questions and Support

If you have difficulty paying your bill, RFU HC provides financial assistance and may be able to provide discounted care and interest-free payment plans. For additional information, please contact a RFU HC financial counselor at (847) 578-8546.

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Signature of Patient or Responsible Party

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Date

\_\_\_\_\_  
Witness (Signature)

\_\_\_\_\_  
Witness (Name and relationship printed)