

UNDERSTANDING YOUR INSURANCE BENEFITS

What is a deductible?

The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. Family plans often have both an individual deductible, which applies to each person, and a family deductible, which applies to all family members.

What is an out-of-pocket maximum?

The most money that you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

What is coinsurance?

The percentage of costs of a covered health care service you pay (20%, for example) after you have paid your deductible.

What is a copay?

The fixed amount you pay for a health care service (ex. \$20), paid at the time you receive the service. The amount can vary by the type of service. Your plan determines what your copay is for different types of services.

What is “allowed” or “contracted” amount?

The maximum amount a plan will pay for a covered health care service. You are not responsible for the difference between the service charge and the allowed amount. It may also be called “eligible expense,” “payment allowance,” or “negotiated rate.”

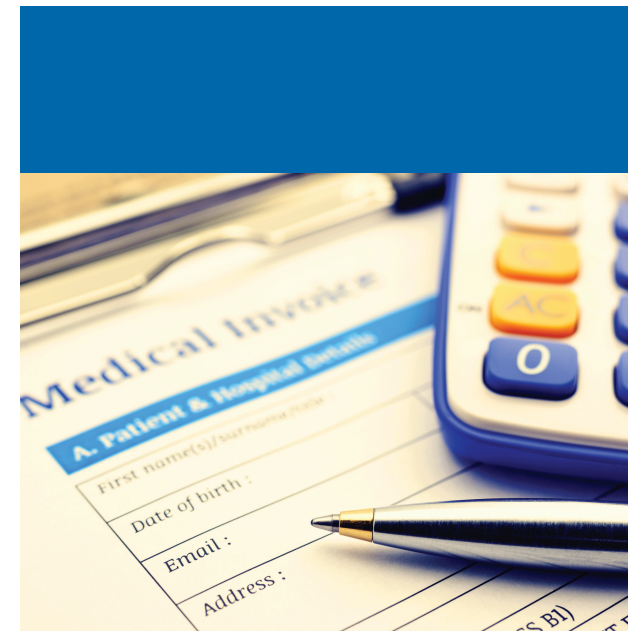


If you have questions about your bill, please call 815.387.5663 between the hours of 7:30 a.m. and 5:00 p.m. Monday through Friday.

If you have questions about the financial policies outlined here, please contact the Aspen Coordinator at 815.332.6082 between the hours of 8:30 a.m. and 5:00 p.m. Monday through Friday.

Location
8616 Northern Avenue
Rockford, IL 61107
(Located in Rosecrance Berry Campus)
P 805.399.9700
866.650.3500
F 815.394.1401
W www.aspenbh.com

Aspen Counseling and Consulting, L.L.C., is an affiliate of Rosecrance Health Network



Understanding our Financial Policies



FINANCIAL POLICIES

The following information is provided to help you better understand Aspen's financial policies, your responsibility and how we can assist you with this process.

INSURANCE COVERAGE

As a courtesy to our patients, Aspen will verify insurance eligibility and benefits and file insurance claims for services provided. It is also the responsibility of the patient to know and understand the terms and requirements of their insurance plan, including financial obligations for paying copays, deductibles and co-insurance; and whether services require preauthorization or certification.

Copay, deductible, and coinsurance are due at the time of service.

If a referral from your primary care physician is required by the insurance carrier to cover your services, you are responsible for obtaining this prior to beginning treatment.

Please be sure to let us know of any changes to your demographic information including: address, phone number, employment status, name, marital status, and insurance coverage.

Failure to report this may affect how insurance covers your services.

CONTRACTED INSURANCE (IN-NETWORK)

Aspen participates with most insurance companies; however, it is the responsibility of the patient to verify that Aspen participates with their insurance carrier before services are rendered.

NON-CONTRACTED INSURANCE (OUT OF NETWORK)

If Aspen or the individual provider is considered "out of network" with your insurance carrier, please be aware that your benefits may be different (higher deductible or coinsurance). In some cases, there may not be any benefits available on your plan. We will make every effort to make you aware of this; however, it is highly encouraged to check this with your carrier ahead of time.

NO INSURANCE

Patients who do not carry insurance coverage, who do not provide Aspen with adequate filing information, or who wish to file their own insurance claims are responsible for paying their bill. Aspen offers options for patients with no insurance. There are discounted self-pay rates available for all services, and **payment is expected at the time of service.** Please ask one of our staff about this option, or to make financial arrangements.

MEDICARE

Aspen can bill Medicare for your services; however, there are select provider credentials that are approved for mental health services: LCSW, PhD, PsyD, and MD. If you have a Medicare Supplement plan or secondary insurance, this will be billed after Medicare pays. If Medicare is the sole policy on file, you will be billed for the amount Medicare doesn't cover.

MEDICAID

Aspen is not contracted with Medicaid (Public Aid), Illinicare, Meridian, or similar plans, and cannot bill them for services.

PAYMENT OPTIONS

Payment can be made using cash, check, VISA, MasterCard, and Discover. As a courtesy, we are able to securely store your credit card information on file.

NO CALL-NO SHOW AND LATE CANCELLATIONS

All appointments require 24 hour notification if they need to be canceled or rescheduled. Failure to notify Aspen staff within the 24 hour time frame will result in a \$75 fee that must be paid prior to a new appointment being scheduled.

USUAL AND CUSTOMARY FEES

You may have noticed on your insurance explanation of benefits, the term "usual and customary." This refers to the charge billed for your service as being higher than the rate the insurance company chooses to pay. We use many sources to determine the appropriateness of our charges.

The service rate billed by Aspen reflects the complexity of the care rendered, as well as the skill and expertise required for your care. Our charges are comparable with other clinics in the area.

PAST DUE ACCOUNTS

If your account becomes past due, exceeding \$500, Aspen will take appropriate action to recover this amount. Failure to respond to communications regarding outstanding balances may result in suspension/termination of treatment and/or involvement of an outside collections agency. We understand that occasionally, circumstances arise that may make it difficult to pay your bills on time. It is important that you contact us as soon as possible so that financial arrangements can be made.

Aspen offers payment plans with a minimum of \$50 per visit payable in monthly installments. Balances of \$2500 or less must be paid within 12 months. Balances over \$2500 must be paid within 24 months.