



PATIENT FINANCIAL SERVICES

Billing Statements

The Patient Financial Services Department handles the billing for all health service charges at RML Specialty Hospital (RML). Our patient financial service representatives are available during regular business hours Monday through Friday to answer questions about billing, insurance coverage and any financial issues. The representatives can be contacted at 630-286-4475 to answer questions. Physician fees are billed separately.

Handling Insurance

Patients will be asked to sign an “assignment of insurance benefits” form upon admission. Signing this form allows the hospital to bill patients’ insurance companies on their behalf. As a service to our patients, our Patient Financial Services Department will bill all types of health insurance including Blue Cross, Commercial Insurance, Medicare, and Medicaid. Please remember that medical insurance is a contract between the patient and the insurance company; ultimately the patient is responsible for their hospital bills. The Patient Financial Services Department will assist in working with insurance carriers to obtain payment based on patient coverage. We can help evaluate eligibility for Medicaid and assist in completing the application for medical assistance from the Illinois Department of Public Aid. We can help arrange monthly payment options, for any unpaid portion of the patient’s hospital bill. Our service to our patients does not stop when they are discharged from the hospital. Please contact our Patient Financial Services Department for assistance with any questions or problems after receiving a bill or statement. The Patient Financial Services Department can be reached at (630) 286-4475.

As a not-for-profit healthcare provider, RML helps fulfill its charitable mission of serving the community by assisting patients based upon medical necessity who are experiencing financial difficulties. You may be eligible for financial assistance under the Terms and Conditions that the hospital offers to qualified patients. For more information, contact the Admitting Department at (630) 286-4516.

RML Specialty Hospital Financial Assistance Policy

It is the policy of RML to provide financial assistance to uninsured patients in need. Medically necessary care is provided free of charge to uninsured patients whose family income is less than 200% of the Federal Poverty Level (FPL) and is provided at a reduced amount for uninsured patients whose family income is between 200% and 600% of the FPL. RML will not charge any uninsured patient for medically necessary care an amount greater than the Amount Generally Billed (AGB) to patients with insurance, which is the lesser of the amount Medicaid would have paid for that patient’s hospital stay or 135% of the hospital’s cost to provide the care. Patients are required to



complete an application for Financial Assistance, provide documentation supporting their income, assets, and residency, and cooperate with RML in demonstrating their inability to pay for medically necessary care provided. Financial Assistance is available only to patients who do not have private health insurance or public health coverage such as Medicare, Medicaid, or other government programs. To apply for Financial Assistance, please contact our Admitting department at (630) 286-4516 or access the Application for Financial Assistance located on our website and submit the application along with any supporting documents to:

RML Specialty Hospital 5601
S. County Line Rd.
Admitting Department
Hinsdale, IL 60521

Financial assistance may be granted to patients on a presumptive eligibility basis if certain criteria are met or if the patient does not complete the Financial Assistance application. RML's Financial Assistance Policy (FAP) is available on our website or by contacting the Admitting Department at (630) 286-4516. Please note that if a patient is eligible for either free care or a discount from hospital charges, independent physicians rendering services may not be subject to RML's FAP.

For Medicare Beneficiaries:

An Important Message from Medicare Rights While a Medicare Hospital Patient

Patients have the right to receive all the hospital care that is necessary for the proper diagnosis and treatment of their illness or injury. Federal Law requires that a patient's discharge date be determined solely by his or her medical needs, not by "DRG's" or Medicare payment. If you believe you are being discharged from the hospital too soon, you have the right to appeal your discharge through Medicare. Your appeal will be reviewed through Medicare. Your appeal will be reviewed by Medicare's Quality Improvement Organization (QIO). The contact information for the QIO is listed below. Your Care Coordinator will assist you with this process.

KERPO
5201 W. Kennedy Bld., Suite 900
Tampa, FL 33609
Hotline: 1-855-408-8557
TTY: 1-855-834-4776

Details regarding your rights, the appeal process and your financial responsibility are provided in the "Important Message from Medicare" form that you receive on admission and prior to discharge. Should you elect to pursue the appeal process, additional information is available on the "Detailed Notice of Discharge" form that your Care Coordinator will provide to you.