



## HEALTHLAB FINANCIAL POLICY

Even though you may have insurance, you as a patient/guarantor are primarily responsible for payment of this bill. Payment is due upon receipt of this statement. It is important to remember that health insurance coverage varies and not all charges are covered or paid in full. When your insurance denies a claim or does not pay in full, you are responsible for the remaining balance.

**If your account is not paid in full, your account could be reported to a credit reporting agency and /or placed with a collection agency for collection of your debt.**

Some health care professionals may not be participating providers in the same insurance plans as HealthLab. In these cases, you may have a greater financial responsibility for these services than you would otherwise. Due to the large number of plans that we accept and the complexity of each plan, we suggest that questions about coverage or benefit levels be directed to your health care plan.

## FINANCIAL ASSISTANCE

We recognize the financial needs of our patients and families who are unable to afford charges associated with medical care. To apply for HealthLab's Financial Assistance or The Hospital Uninsured Patient Discount Program, families must cooperate in identifying, applying for and procuring all available payment resources. For more information please visit our website, [www.cdh.org](http://www.cdh.org) and click on Financial Assistance, call us at 866-267-9951 or email us at [MyAccount@cdh.org](mailto:MyAccount@cdh.org) (TTY 630-933-4833 for the hearing impaired).

## PAYMENT PLAN

If you are unable to pay your balance(s) in full, a payment plan may be approved in accordance with our financial policy. For more information, please call us at 866-267-9951 or email us at [MyAccount@cdh.org](mailto:MyAccount@cdh.org) (TTY 630-933-4833 for the hearing impaired).

## CONTACT US

If you have any questions concerning your bill or would like to request an itemized statement, you can email us at [MyAccount@cdh.org](mailto:MyAccount@cdh.org), write us at HealthLab, 25 N Winfield Rd, Winfield, IL 60190-1222 or call us at 866-267-9951 between the hours of 8:00 a.m. to 5:00 p.m. Monday through Friday. (TTY 630-933-4833 for the hearing impaired).

## INSURANCE INFORMATION

You have several options to provide us with your current health plan information. You may complete the form below, email us at [MyAccount@cdh.org](mailto:MyAccount@cdh.org), or call us at 866-267-9951. (TTY 630-933-4833 for the hearing impaired).

### Do We Have Your Insurance Information?

Complete this Insurance information area only if information has not been previously provided or has changed

1. Primary Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> IPA		2. Secondary Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> IPA	
Patient Name _____		Patient Name _____	
Insurance Co. Name _____		Insurance Co. Name _____	
Effective Date _____		Effective Date _____	
Insurance Co. Address _____		Insurance Co. Address _____	
City St _____ Zip _____ Phone _____		City St _____ Zip _____ Phone _____	
Policy # _____ Group # _____		Policy # _____ Group # _____	
Policy Holder's Name _____ Relationship _____		Policy Holder's Name _____ Relationship _____	
Policy Holder's S.S. # _____ Employer _____		Policy Holder's S.S. # _____ Employer _____	
I authorize the hospital to submit any or all medical data to my insurance company, and authorize the assignment of any benefits or payments to the hospital. I understand I am financially responsible to the hospital for charges not covered by this authorization. Please return with copies of the front and back of your insurance card(s).			
Signed _____		Date _____	

### CHANGE OF ADDRESS

Name _____		Phone _____	
Address _____			
City _____		State _____ Zip _____	