

# RUSH SurgiCenter, LP

## Insurance Information

### Insurance Terms & Definitions

- **Contracted rate:** The amount both the insurance company and facility agree will be paid for a certain procedure.
- **Co-pay:** The amount of money the patient must pay prior to the procedure. The cost of your co-pay depends on the contract you have with your insurance company. It may be listed on your insurance card; however, you should contact your insurance company to ask if there is a co-pay for ambulatory surgery.
- **Co-insurance:** Percentage of costs not covered by your insurance. This varies by insurance plan. You can call your insurance provider to ask about your plan.
- **Deductible:** The amount you are required to pay each year before your insurance plan begins to cover any portion of a procedure. The deductible depends on the contract you have with the insurance company. Your deductible may be an individual deductible or family deductible. Contact your insurance company to obtain more information.

### Types of Insurance Plans

- **HMO** (Health Maintenance Organization): This type of plan requires the patient to choose a primary care physician to coordinate care and refer the patient to a specialist within the HMO network.
- **POS** (Point of Service): Requires the patient to select a primary care physician to coordinate care and refer the patient to a specialist *but* a POS allows the specialist to be out of network at a higher cost to the patient.
- **PPO** (Preferred Provider Organization): Does not require that the patient choose a primary care physician and does not require referrals to see specialists. The patient may choose physicians that are both in and out of network and pre-certification may be required for certain procedures.
- **Pre-certification:** Authorization obtained from the insurance carrier prior to the procedure. Authorization does not necessarily guarantee payment.
- **Referral:** For an HMO/POS plan, a referral is a document from the patient's primary care provider authorizing the patient to see a specialist at the facility.
- **Workers' Compensation:** Workers' compensation is a state-mandated insurance program that provides compensation to employees who suffer job-related injuries and illnesses. If your case is not approved by workers' compensation, other payment options are required.

**If you have specific questions regarding your insurance coverage, please call  
Rush SurgiCenter at 312.563.2880.**

**You may be required to pay a co-pay, deductible, and/or co-insurance prior to your visit.**

# RUSH SurgiCenter, LP

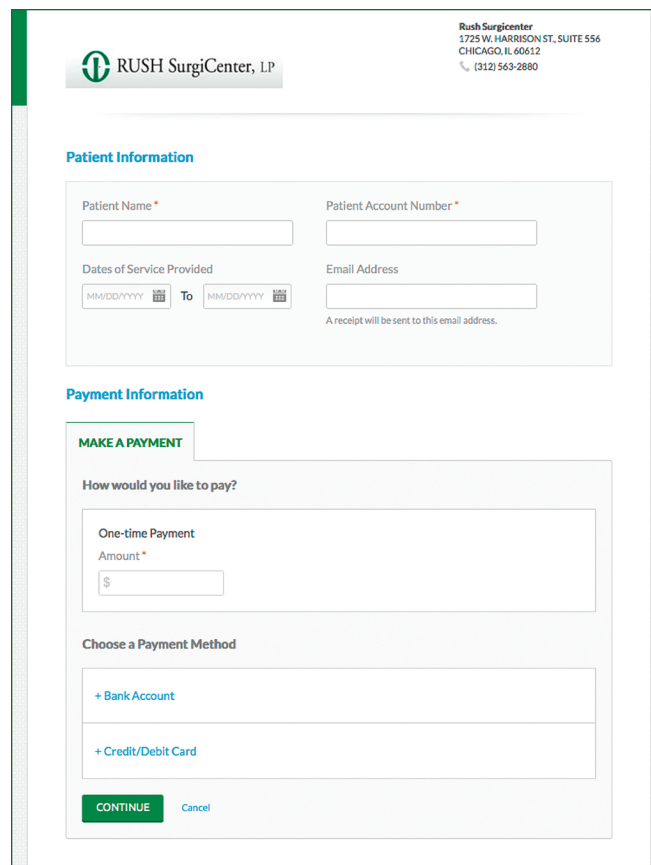
## Financial Responsibility

### Payment Information

- At the time of service you are responsible for all fees that are not covered by your insurance, including co-pays, coinsurance, deductibles, and non-covered services or items received.
- For your convenience we accept cash, checks, money orders, and all major credit cards.
- You can also pay online through our website <http://rushsurgicenter.org> (instructions below)
- If you are unable to make payment, please contact Care Credit to set up a payment plan by calling 800.677.0718 or visiting the website at [www.carecredit.com](http://www.carecredit.com).
- If you are unable to arrange payment, please contact Rush SurgiCenter directly at 312.563.2880. We will assist you in any way we can to help make this process as smooth as possible.

### Online Patient Payment Instructions

- Go to the website: <http://rushsurgicenter.org/>
- Click on the “Pay Your Bill Online” link on the homepage.
- Please see image below for reference to the login payment portal that will show on your computer screen.



The screenshot shows the online patient payment portal for RUSH SurgiCenter, LP. The page is titled "Patient Information" and "Payment Information".

**Patient Information**

Patient Name \*

Patient Account Number \*

Dates of Service Provided  To

Email Address

A receipt will be sent to this email address.

**Payment Information**

**MAKE A PAYMENT**

How would you like to pay?

One-time Payment

Amount \*

Choose a Payment Method

+ Bank Account

+ Credit/Debit Card

**CONTINUE** Cancel

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