HSHS St. Elizabeth's Hospital | Convenient Care

Information on Billing and Co-Insurance

Thank you for choosing **HSHS Elizabeth's Hospital** for your care. We would like to inform you that services in this location are provided by HSHS St. Elizabeth's Hospital in a provider-based outpatient department of our hospital. Under this designation, you are a hospital outpatient and services furnished as hospital outpatient department services. All services will be billed to your Primary Insurance plan, and if applicable, any Secondary plans.

Patients in a hospital outpatient location will have two separate claims submitted to your insurance.

- One claim representing the Professional services furnished by physicians and other practitioners.
- One claim representing all other services associated with the hospital facility fee/equipment.

If you have Commercial insurance coverage, please review your plan benefits for out of pockets costs as they can vary.

If you have Medicare: we are required to advise you that because the service(s) is/are furnished by an outpatient department of the hospital, you will incur a co-insurance liability to the hospital that you would otherwise not incur if the services were furnished in an entity that is not hospital-based. If you are a Medicare patient, your co-insurance amounts will vary based on the type of service you receive. **An estimated co-insurance liability amount is listed below**.

	Facility	Professional
Airway Inhalation Treatment	$21-$36	$4-$11
Apply Splint	$11-$27	$5.39-$11
Chemical Cauterization		$6.79
CT w/out Contrast	$20.69-$73	$20.36-$35.21
Walk-In Office Visit	$24.27	$1.81-$43.13
Electrocardiogram	$10.57	$1.14
Evaluation of Patient's use of Inhaler	$35.67	$3.03
Immunization Administration	$11.76	$3.16
IV Infusion	$8-$38.63	$3-$14
Lab	$2-$12	$3
Mammography	$5-$19	$3-$9
MRI w/out Contrast	$20.69-$43.68	$25.61-64
Medication	$8-$11	$3-$4
Pressurized/Nonpressurized inhalation treatment	$35.66	$2.38
Radiologic Examination	$15.36-$20.69	$3.88-$24.99
Removal Impacted Cerumen	$10.57	$2.80
Screening Breast Tomosynthesis		$9.64
Screening Mammography		$23.16
Therapeutic, prophylactic, or diagnostic injection	$7.59-$38.63	$2.57-$7.50
Wound Debridement	$65.65	$11.03
Wound Repair	$34	$8.35-$33.97
X-Ray w/out Contrast	$16-$35	$6-$26

You are responsible for any amounts not covered by insurance. Financial counselors are available to meet with you personally to discuss payment options or assist with any questions or concerns.

For billing questions, please contact our Illinois Single Billing Office at 1-877-636-2261.