

FINANCIAL POLICY

Please present your insurance card at each visit. It is your responsibility to provide us with the correct information so that we may submit your charges to your insurance. Failure to present us with all insurance information, may make you liable for denied claims. Please remember that Verification of benefits by your insurance company is NOT a guarantee of payment.

Co-Payments- Copayments will be due and collected at the time of serviceWe *accept cash, checks, Visa, MasterCard, Discover and American Express.*

In Network Insurance- We are an In Network Provider for Humana, BCBS, United Healthcare, Medicare Part B, IPA Kane County-Harmony product and Kane County IPA-Blue Shield HMO product, Fox valley Medicine, Blue Shield HMO product and CIGNA. After payment has been received from your insurance company, any and all insurance approved remaining balances will be your responsibility to pay. You will be offered a 10% discount if the balance is paid in full promptly.

Workman's compensation and Motor Vehicle Accidents- It is your responsibility to provide us with the name and address of the insurance carrier along with a claim number/case number, claim adjusters name and phone number. You are responsible for providing us any attorney contact information and disclose to us if your case is in litigation. We also need your regular health insurance information in the event that the workman's compensation claim is denied. We will inform you of a denial immediately and then bill your health insurance carrier.

Medicare- We are participating providers with Medicare Part B, and we will bill Medicare as well as any supplemental (secondary) insurance you provide. You are financially responsible for any co insurance and annual deductible where applicable. If you do not have a secondary insurance, you will be responsible for 20% of the amount allowed by Medicare.

Self-Pay- Patients without insurance will be charged our self-pay fee schedule. You will also be offered a 20% prompt pay discount if the bill is paid in full on the day of the visit. If you can't pay in full, we can assist you in setting up a monthly payment plan not to exceed a 12 month period.

Out of Network Insurance- We will bill your out of network insurance as a courtesy to you. The approved amounts will be applied to your out of network deductible and the balance will be yours to pay in full. You will be offered our self-pay fee schedule if your balance is higher. If your patient responsible balance is paid promptly and in full, we will offer you an additional 20% discount.

Medicaid (Illinois Public Aid)-We are a non-participating provider. Any Medicaid secondary insurances will be billed as a courtesy. You will be responsible for any copayments and spend-downs or ineligible amounts.

Missed or no show appointments- Failure to notify our office within 24 hours of your appointment will result in a no show charge based on your visit type. If you fail to cancel an office visit you will be billed \$50; if you fail to cancel a procedure appointment you will be billed a \$250.00 fee. These fees are not covered by insurance. After 3 no show appointments, you will be discharged from the Practice.

Late arrival for appointments-If you are late for an appointment, the doctor will try to see you at a later time slot that day or you will need to reschedule your appointment.

Monthly payment plans-Monthly payment arrangements are available but cannot exceed 12 months. There will be a charge of \$15 for late or missed monthly payments.

NSF payments-In the event your check is returned for non-sufficient funds you will be charged the original amount of the check in addition to a \$50 returned check fee.

If you have any questions, or require any additional information, please contact our Billing Department at (630) 614-7310.

Signature: _____ Date: _____