

WESTERN SPRINGS FAMILY PRACTICE CENTER, LTD. FINANCIAL POLICY

5600 Wolf Rd., Suite, 140 Western Springs, IL 60558 708.246.7222

Thank you for choosing our office. We are committed to being a partner in your medical care. Please understand that the payment of your bill is part of this treatment and care. For your convenience we have developed a written statement of our billing policies. If you need further information, please ask to speak with our billing department.

It is important for you to also understand that your health insurance coverage is an agreement between you and your insurance company. The doctor's bill for services rendered is an agreement between you and your doctor. We do, however, participate with most, but not all, insurance companies. If you are unsure of your participation with your insurance company, please contact them to verify our participation. Knowing and understanding your insurance benefits is your responsibility.

All co-payments, deductibles and co-insurance amounts are the patient's responsibility. You are responsible for payment of any co-pay at the time of service. This agreement is part of the contract with your insurance company. Failure on our part to collect co-payments, deductibles and co-insurance portions from the patient can be considered fraud.

If we do participate with your insurance company, all services performed in our office, hospital or nursing home will be submitted to them for payment unless we receive prior notification of non-covered services. Not all services you receive may be covered benefits of your insurance plan and/or may not be considered reasonable and customary. You must pay for these services in full at the time of your visit. Having more than one insurer does not necessarily mean that the services you receive will be covered at 100%. We will bill your secondary insurance as a courtesy to you. You are responsible for any balances that remain after all insurances have processed your claim.

In Worker's Compensation cases, we will send appropriate claim forms for services rendered on your behalf. If and when a claim is denied and the patient has other insurance options or payment sources, Western Springs Family Practice Center, Ltd. will cooperative whenever possible in assisting the patient in his/her efforts to be reimbursed from that source. If your claim is found to not be a valid Worker's Compensation claim, you will be responsible for prompt payment of any outstanding balances.

All patients may complete our patient information form prior to seeing the doctor. We must obtain a copy of your driver's license and current valid insurance card in order to verify proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. We will submit your claim and assist you in any way we reasonable can to help get your claims paid. Your insurance company may need you to supply certain information directly and it is your responsibility to comply with their request. Please be aware that the balance of the claim is your responsibility whether or not the insurance company pays your claim. If your insurance changes, please notify us at the next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim within 60 days of the date of service, the balance will become your responsibility and billed directly to you.

Our policy is to charge for missed appointments or appointments not cancelled within four (4) hours of your scheduled appointment time. We realize that there may be times when extenuating circumstances arise; if you find this applies to your situation, please speak to one of our staff members. These charges, however, will be your financial responsibility and billed directly to you.

We will be happy to copy your full medical records at either your personal request or outside physician request for a fee of \$30 and can be picked up in our office upon execution of all necessary paperwork. Individual test results, labs, etc. for single dates of service will be sent to a requesting physician as a courtesy upon execution of all necessary paperwork.

Our office accepts Visa, MasterCard and Discover, as well as cash and personal checks. Returned checks will be subject to a service charge of \$35. Our office sends monthly statements. Any outstanding balances are due within 30 days of the statement. As a courtesy, we will send you two billing statements. If after two billing cycles we have not received your payment there will be a \$10 rebill fee added to each statement sent thereafter. All balances that reach 90 days will be subject to collection procedures. Should your account be sent to a collection agency, you will be responsible for all collection and legal fees incurred during this process and your care through Western Springs Family Practice Center, Ltd. may be terminated. We realize that temporary financial difficulties may affect timely payment of your account. If such problems do arise, we ask that you contact our business office promptly for assistance in the management of your account. Our practice is committed to providing excellent medical care to you, our patient. Thank you.

I have received and understand the Western Springs Family Practice Center, Inc. Financial Policy.

Patient Name (Print)

Date

Patient Signature