



7447 West Talcott Road Suite 542, Chicago, IL 60631

Financial/Insurance Acknowledgement

Financial: Complete billing information will be provided at the time of your appointment. Those patients who do not have insurance or are unable to provide adequate billing information are responsible for the total payment of their bills. We must obtain a copy of your driver's license and current valid insurance to provide 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.

Insurance: As a courtesy, our billing department will bill your insurance on your behalf provided that you supply all of the necessary information at the time of service. Any services that are not paid by your insurance will become your financial responsibility. Due to the number of insurance plans that we work with and the different contracts our providers have as their own entities, it is not possible for us to know all the covered benefits your specific plan covers. We ask that our patients familiarize themselves with the different benefit levels available and whether certain services are covered, specifically any services or procedures. Please notify our front desk staff if you are aware that certain services are not covered and be prepared to make payments for that service on the day of your appointment. Patients without coverage are eligible to receive a prompt pay discount if payment is received on the day the service is rendered.

Self Pay: I understand that I am financially responsible for services received and that I may be eligible for a payment plan for my balance with my physician. Any payment plans require prior approval from the office manager. Any payments that lapse over a 3 month period of time will be sent to a collection agency.

No Show/Cancellation Policy: We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. **If an appointment is not canceled at least 48 hours in advance you will be charged a fifty dollar (\$50) fee;** this will not be covered by your insurance company.

Co-Payments and Deductibles: All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. For your convenience we can accept cash, check, Visa, MasterCard, or Discover.

Claim submission: We will submit your claims and assist you in any way we responsibly can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage changes: If your insurance changes, please notify us before your 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 in 60 days, the balance will automatically be billed to you.

Nonpayment: If your account is over 90 days past due, you will receive a phone call and/or letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Printed Name: _____ Signature: _____ Date: _____

Witness: _____ Date: _____