



OFFICE FINANCIAL POLICY

INSURANCE: There are numerous insurance networks in the Chicagoland market. Our physicians are not part of all these networks, and therefore, they have not agreed to accept a reduced fee from all insurance companies.

Insurance coverage is a contract between the patient and the insurance carrier—it is the responsibility of the patient/guardian to know and understand the benefits of his/her insurance plan, and whether a physician is in-network. We will file claims with insurance, and by law, the insurance carrier must remit payment or deny the insurance claim within 30 days of the initial notice. Not all insurance plans cover all services, and in the event your insurance plan determines a service to be “not covered,” the patient will be responsible for the complete charge. If insurance problems occur, we will bill the patient and the patient may be asked to assist the office in contacting the carrier and/or filing a complaint with the State Insurance Commissioner.

PAYMENT:

1. If our physician is contracted with your insurance plan, **We are required to collect the copayment at the time of service.** If our physician is **not contracted** with your insurance plan, **you are required to remit full payment at the time of visit.**
2. We have the capability to perform cost of care at the time of service to determine the patient’s responsibility based on the insurance plan. It is our policy to collect any deductible, coinsurance and/or non-covered charges at this time.
3. **Fees for any procedures are not included with the office exam and may be applied to your deductible or coinsurance.**
4. **When you or a family member provide us with a credit card number for surgery, you are giving us permission to use the card to pay the account balance.**
5. Any questions concerning office financial policy or the patient’s need of assistance should be directed to the Billing Manager or Practice Manager immediately.
6. All patients will be required to establish financial arrangements for payment of their account.
7. Accounts that have an outstanding balance for over 90 days will be forwarded to an outside collection agency.
8. All of the physicians accept Medicare assignments. **Medicare Part B has a calendar year deductible and a 20% coinsurance.** All Secondary insurances may or may not cover your Medicare annual deductible. Patient is responsible for this balance.

CANCELLATION AND/OR MISSED APPOINTMENTS: If you do not cancel your appointment at least 24 hours before, or if you no-show, we will assess you a missed appointment fee.

SELF-PAY: At the time an appointment is scheduled, the patient will need to pay a \$100 appointment deposit to secure the scheduled appointment. This is a non-refundable amount if the appointment is canceled in less than 24 hours of the scheduled appointment and/or you miss the appointment. A full payment is required at checkout for all services provided on the day of appointment.

I have read this policy and hereby authorize my insurance benefits to be paid directly to the physician’s office, realizing that I am responsible for paying for non-covered services. I further authorize the release of pertinent medical information to my insurance carriers.

Patient’s or Guardian’s signature _____ Date _____

A photocopy of this assignment shall be considered as effective and valid as the original.

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