

Gastroenterologists Ltd.

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1105 W Park Ave., Ste. 1, Libertyville, IL 60048

Thank you for choosing Gastroenterologists Ltd as your healthcare provider. Our goal is to provide quality care in the most time and cost effective manner. Please read the following information regarding patients rights, responsibilities and our financial policies.

We at Gastroenterologists Ltd. believe that you along with other rights, have the right to:

- Considerate and respectful care.
- Receive current and understandable information concerning diagnosis, treatment and prognosis.
- Make decisions about your plans of care and courses of treatment. The patient may refuse treatment to the extent permitted by law and Gastroenterologists Ltd policy, and have the right to be informed of medical consequences.
- Receive necessary information to give informed consent prior to any procedure or treatment.
- Expect that all communications and records pertaining to your care will be treated as confidential, except in cases of suspected abuse or public health hazards when reporting is required by law.
- Expect that healthcare information will be handled in a manner consistent with our privacy practices as set forth in the Notice of Privacy Practices.
- Receive explanation of bills, regardless of sources of payment, and information on financial assistance.
- Advance Directives concerning treatment and can expect that Gastroenterologists Ltd will honor those directives to the extent permitted by law.

Patients who believe their rights have been violated can discuss their concerns with the doctor or office manager.

As a patient at Gastroenterologists Ltd, we ask for your cooperation with the following:

- Provide *complete and accurate* information about past illness, hospitalization, medications and other matters related to health status.
- Inform care providers whether explanation of diagnosis, treatment and care options have been understood.
- Follow the recommendations and advice prescribed by healthcare providers and to provide information about unexpected complications or side affects that arise.
- Accept the outcomes if you do not follow the care, service or treatment plan.
- Provide *complete and accurate* information about insurance and your ability to meet any charges not covered by insurance or self-pay balance.
- Be considerate and to respect the rights and property of the other patients, visitors and healthcare staff.
- Provide a responsible adult after procedure, to transport you home from the facility and to remain with you until the end of the day.
- Follow up in about 5 days for test results, if you do not hear from our office.
- Inform us of any living will, medical power of attorney, or other directives that could affect care.

Please be aware that we charge what is usual and customary for our area. If at any time you have questions regarding your account with us please contact our office or our office manager at 847-680-5880.

We accept assignment of your insurance benefits provided that we are contracted with that plan. Please note that your policy is a contract between you and your insurance company and we are not a part of that contract. We will bill your insurance as a courtesy to you. It is your responsibility to know what your policy does and does not cover. If you have an HMO, you are responsible for securing your referral. If you do not have a referral, you will be responsible for your balance. All unpaid balances, irrespective of insurance claim status are patient responsibility. Should collection efforts be necessary your account, you will be responsible to pay all reasonable collection charges allowed by law.

If you have a change in insurance, it is your responsibility to inform us. If we are not notified of the change in a timely manner, any outstanding balances will become your responsibility. You will need to file the claim directly with your insurance for payment.

- We kindly request a 24 hour notice for cancellations. \$25.00 will be charged for missed appointments.
- All records and prescriptions need to be picked up, they will not be mailed. There is a \$25 fee for copying records.
- Prescriptions can only be refilled during working hours, please do not wait until the last minute.
- Check returned for "Non Sufficient Funds" will incur a \$35.00 service fee.

Any concerns, suggestions, complaints and grievences can be discussed with the office manager. Please call 847-680-5880.