

## **Financial policy**

Centegra Physician Care has established this financial policy to promote communication, fairness, and understanding between the physician, staff and the patients we serve. It is our desire to assist our patients and their families with billing third party carriers, both primary and secondary.

As a courtesy to you, Centegra Physician Care will submit an itemized bill to your insurance carrier first, if presented with adequate patient information and assignment of benefits at the time services are rendered. All applicable co-pays must be paid at the time of service.

### **Insurance and payment responsibility**

You are responsible for contacting your insurance company to ensure prompt payment of your claim. Anticipated insurance payment does not replace your obligation to pay any outstanding balance. If insurance payment is not received within 60 days from the date of service, you may be held responsible for payment.

### **Prior Authorization**

Your insurance company may require authorization prior to receiving in-patient or out-patient services. It is your responsibility to initiate this process with your insurance carrier and/or your physician. Failure to meet your insurance requirements may result in partial or complete denial of insurance benefits for which you will be held financially responsible.

### **Medicare**

Centegra Physician Care are certified Medicare providers and we accept Medicare assignment of benefits. You are responsible for any deductible(s), co-payment(s), coinsurance, or non covered expenses. You may be asked to sign an "Advanced Beneficiary Notice" (ABN) at each visit accepting financial responsibility for services that may be denied by Medicare. When supplemental insurance information is presented at the time of service, CPC will submit one secondary claim for your deductibles or coinsurance amounts.

### **Medicaid**

Centegra Physician Care Physicians are certified providers for the Illinois Dept of Public Aid. Patients must present valid IDPA card at the time of service. Additionally, all applicable co-pays are required at the time of service.

## **Worker's Compensation / Casualty Claims**

All appropriate billing information is required at the time of service. Charges for services as a result of a work related injury or casualty accident will be billed to that carrier first. If Worker's Compensation or the casualty carrier denies or does not pay the claim within 60 days, the claim will be transferred to your health insurance carrier. If your health insurance carrier denies or does not pay the claim, the patient will be held financially responsible for any unpaid balance.

## **Laboratory**

Some insurance carriers may require you to use a specific laboratory. You are responsible for knowing if your laboratory work will be covered at this facility or our hospitals. All lab work collected or drawn at our facilities is processed by our Centegra independent lab. For that reason, you may receive a bill from Centegra Clinical Laboratories for these processing services. If your plan requires you to use a specific laboratory, your physician will be happy to write an order for the necessary tests.

## **Minor Children**

The parent or legal guardian accompanying a minor child will be held responsible for payment of services rendered. If an account is placed in collections, both parents or legal guardians will be held responsible.

## **No Insurance**

If you do not have health insurance, you will be responsible for a minimum payment of \$50.00 at the time of service and the remaining balance in full over the next 30 days.

## **Financial Assistance**

Patients who do not have the means to pay for necessary health care services may qualify for Financial Assistance. Please contact a Financial Representative within 60 days of your visit at (815) 206-1060. Choose option 3 to discuss this program or set up payment arrangements.

## **Payment Terms**

There is the expectation of your insurance company that co-pays are due at the time of service. Therefore to encourage compliance we will charge a \$10.00 service fee for any co-pay(s) not paid at the time of service. Our terms are payment in full 30 days from the date of service of the date your insurance has paid. We do not add interest or carrying fees. We accept Discover, American Express, Mastercard and VISA. The minimum payment on any balance under \$400.00 is \$50.00 per month. Balances over \$400.00 may be paid in six equal installments over a six (6) month period.

## **Missed/Cancelled appointments**

An appointment missed or not cancelled within 24 hours of the scheduled appointment time is subject to a \$25.00 no-show fee. No show fees are expected to be paid and subject to all collection fees and processes.

### **Third Party Collection**

Failure to make payment as outlined above may cause your account to be listed with an outside collection agency. In such instance, you will be responsible for the full amount of the debt for your medical services **plus** the cost of retaining a collection agency or law firm and other fees such as actual court costs or other costs of litigation and arbitration costs and fees. Collection agencies or law firms typically charge Centegra Physician Care a reasonable percentage which is the prevailing rate of collecting debt with a collection agency or law firm. The collection agency or law firm will charge this fee to Centegra Physician Care to complete their collection. For example, if the collection agency or law firm charges 20% of the amount collected as their fee, Centegra Physician Care will add 20% to my bill and the collection agency or law firm will then earn 20% of the amount collected.

### **Disenrollment**

If no payment arrangements have been made to address your debt within thirty (30 ) days from the date your account has been sent to collections, then disenrollment of the physician-patient relationship may occur. This disenrollment will include all physicians and nurse practitioners of Centegra Physician Care. This applies to all immediate family members of the patient who has failed to uphold the terms of this financial policy and our financial agreement with you for payment of services rendered to you.