

## **ASSOCIATES IN GYNECOLOGY, LTD. FINANCIAL POLICY**

It is our goal to maintain a healthy relationship with our patients. This policy is intended to educate and clarify the responsibilities of the patient, your insurance, and our office in processing your claims and payments.

- Payment of co-pay, co-insurance or outstanding balances is required at the time of service. If surgery is to be scheduled, a payment authorization for your share of costs is required prior to your surgery. Please bring your payments to each appointment to avoid the need to reschedule. For your convenience, payments can be made with check, cash or Visa/MasterCard/Discover.
- Patients with medical insurance must present proof of insurance at every visit. We will verify your insurance plan and personal information at every visit.
- Patients without medical insurance will be considered "Self Pay" and are expected to pay for services received at the time of service.
- Patients with medical insurance not in our plan are considered to be "Out of Network," and are required to pay 50% of their visit at the time of service.
- Any account that is referred to a collection agency will be required to be paid in full, as well as the collection agency fee, before scheduling an appointment for a new problem.
- Every patient is required to sign a credit card payment authorization. This authorization allows Associates in Gynecology to charge your credit card for any outstanding balances not settled within 30 days after receiving your insurance company's payment. If you choose not to comply, you will be required to make a pre-payment of 50% of any lab or pathology services at the time of service.

### **INSURANCE:**

- If your insurance company denies any services or does not cover any service as part of their medical policy you will be financially responsible for the services provided.
- Some insurance companies have very specific guidelines regarding annual/preventive visits. We are obligated to bill for the service that was provided to you. If your insurance company does not pay for the preventive visit, you will be financially responsible for the visit. We are not able to change the preventive visit to an office visit to attempt to get payment from your insurance company.
- If you provide our office with secondary insurance information, we will forward your claim to the secondary carrier. After 30 days, if the secondary carrier does not pay the outstanding balance, you will become financially responsible for the balance due.

### **FEES:**

- If you are unable to keep your appointment, you must call our office 24 hours before your appointment to cancel or reschedule. Failure to call the office within 24 hours will result in a \$50.00 No Show Fee.
- A \$30.00 charge will be added to your account for any check returned by your bank for any reason.
- A finance charge of 18.9% will be added to your account for any balance over 30 days.
- There will be a charge of \$20.00 for the completion of medical forms: disability and insurance. Payment is due at the time you pick up the forms. Please allow 7-10 days for completion of the forms.
- A copy of your medical records can be provided upon receipt of a written authorization of release signed by the patient or guardian. A nominal fee will be charged to cover the costs of fulfilling each request in compliance with Illinois statutes.

We ask that you sign the bottom of the Financial Policy to acknowledge that you have read the policy and agree to the terms. Any questions about your bill or balance will be handled by our billing company at 630-285-1530

revised 09/02/10

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Signature and Date