



Financial Responsibility Agreement

Thank you for choosing our practice for your health care needs. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our patients' code of conduct and financial responsibility is important to our professional relationship. Compliance with our practice policies impacts that relationship. If you have any questions about your responsibilities, our fees or policies please do not hesitate to ask.

FINANCIAL RESPONSIBILITIES

INSURANCE CLAIMS & COVERAGE

Your health insurance coverage is a contract between you and your insurance company. We are NOT a party of this contract. In order to properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurance, as well as any change of insurance information. Failure to provide complete insurance information will result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. Insurance coverage varies; it is the patient's responsibility to verify their coverage and benefits before being seen.

As a courtesy to our patients, we will file a claim for all primary and secondary insurance, but we do not accept responsibility for settling the claim with your carrier. If payment is delayed, reduced or denied, you will be responsible for settling your balance in full. This includes any coordination of benefits information requested by your insurance company.

COPAYMENTS, CO-INSURANCE AND DEDUCTIBLE

According to the agreement that you have made with your insurance company, copayments, deductibles and coinsurance are the patient's responsibility.

I understand that I am responsible for all residual balances, including but not limited to copayments, deductible, co-insurance and charges not paid by insurance for any reason, after consideration of contractual adjustments. If you are not prepared to pay any of the above fees at the time of your pre-check in, your appointment will be rescheduled.

SELF-PAY

Non-Insured/Self Pay Patients

If you do not have insurance, you will be eligible for a self-pay discount. Self-pay patients, or patients seeking care outside of your insurance plan benefits are expected to make payment in full at the time of service.

CREDIT CARD ON FILE

Our practice requires a credit card to be kept on file within our secure and complaint database for all Surgical, Obstetric and when determined by review on a case by case basis. If a required payment is not received within seven days of the statement date, payment will automatically be initiated to the card on file. I authorize any payment due, up to but not more than \$200, for any outstanding balance. If I decide to use a different payment method, I will immediately call the office with a different form of payment, no later than seven days from the statement date. I understand that I am responsible for paying this balance as indicated to avoid paying additional statement fees. A credit card on file is not required for Medicare, Medicaid and dual Medicare coverage members.

STATEMENTS

You will receive a statement from our Billing Department once a month if there is an outstanding balance. Payment is due within 7 days of receiving the statement. It is important to pay the balance within this time frame to avoid additional collection action. If you do not understand your statement or have questions regarding your balance, please feel free to contact our Billing Department for clarification. If your insurance





delays processing or processes your claim incorrectly, you will need to contact them directly.

PAST DUE ACCOUNTS

In the event that a balance becomes past due, the account will be considered delinquent. Delinquent accounts are subject to further collection action, including placement with a collection agency. A collection fee of 25% will be accessed on delinquent accounts. Any attorney fees or costs arising from litigation concerning the collection of this account will be the responsibility of the patient or guardian in the case of a minor. We also reserve the right to garnish wages in the event of collections placement and/or litigation in effort to settle any account balance.

Patient accounts that have been placed with the collection agency are considered a breach of the patient-physician relationship. For this reason, the patient will be unable to schedule future appointments until such time as the balance has been paid or arrangements have been made with the collection agency.

SERVICE SPECIFIC DETAILS

- **Laboratory**
Due to varied contractual arrangements between lab companies and health insurance plans, please verify that you are being directed by our office to a lab that is a participating provider with your plan. Your lab billing is separate from our physician's billing and you may receive a separate itemized bill from the laboratory. *Please contact the laboratory regarding any billing questions.*
- **Preventative Medicine/Additional Care Same Day**
Based on this, in the event you are seeing us for preventative services, but at the same encounter, additional problem-related issues are identified and addressed, we may be required to charge for these additional services. This occurs when the additional issues addressed meet certain criteria that are considered above and beyond the scope of the preventative visit.
- **Surgical/Special Procedures**
Surgical patients are required to pay their deductible and coinsurance amounts prior to their scheduled surgery/procedure date. *This verification of benefits is only an estimate of what you may owe and NOT a guarantee that your insurance company will make payment.* Please call your insurance company if you have any questions.
- **Delivery and Obstetrical Care**
Obstetrical patients with commercial insurance are required to pay any co-pays/deductibles/coinsurance by 32 weeks gestation. Other services not covered as part of the global obstetrical care are due and payable at the time services are rendered.
- **Workman's Compensation/Auto/Third Party Liability**
Our office does not file claims for workman's compensation or auto cases. Patients with a current work compensation or auto claim will be seen as a self-pay patient for all visits related to that injury/accident. Our practice will provide the patient with any itemized bills or encounter notes to assist in obtaining reimbursement from their third party claim.

FEES

Form completion (Including FMLA)	\$10.00
Medical Records Copies:	\$ Per page according to state guidelines
Non-Sufficient Funds:	\$40
No-Show/Missed Appointment	\$30

PAYMENT AUTHORIZATION





I authorize the assignment of insurance benefits to Providea Health Partners, LLC and understand and acknowledge that ***I am responsible for payment of all items and services provided to me by the practice, regardless of insurance benefits or information provided to me by the practice. I also understand that it is my responsibility to contact my insurance company to verify benefits and coverage.***

AFFIRMATION:

This agreement will remain in effect until revoked in writing. A photocopy of this acknowledgement and assignment of benefits is considered to be the same as the original.

By signing below, I acknowledge that I have read, understand and agree to the information detailed in the Financial Acknowledgement and Payment Authorization.

Patient Signature (or legal Guardian for minors)

Date

CONTACT INFORMATION

- Billing Department
Providea Health Partners, LLC
10260 W 191st Street, Suite 100
Mokena, IL 60448-8802

Toll Free: (877) 709-3810
Phone: (708) 572-7669
- Illinois Collection Service, Inc.
(708) 857-7600
- Transworld Collection Services
(866) 928-3985

