

CENTRAL DUPAGE PHYSICIAN GROUP

Statement of Financial Policy

Thank you for choosing us as your health care provider. We are committed to the success of your treatment and care. Please understand that payment of your bill is part of this treatment and care. The following is our statement of Financial Policy, which we require all of our patients to read, understand, and sign prior to any non-emergent treatment or care.

In order for us to successfully bill your insurance company, we need complete information and require a copy of your insurance card at **each** visit. Please cooperate with our Reception staff in providing this information.

Methods of Payment:

We accept Cash, Checks, Visa, Discover and Master Card. We offer payment plans and are happy to provide financial counsel, if requested.

When is Payment Due:

Payment is due at the time services are rendered in the office. To see how this affects your specific insurance situation, please discuss with the registration staff.

About Your Insurance Coverage:

- Commercial/indemnity insurance, your policy is a contract between you and your insurance company. Since we are not a party to that contract, your account balance is your responsibility whether your insurance pays or not. As a courtesy, we will file a claim on your behalf. However, if your insurance does not pay within 60 days, you will be responsible to pay the balance of unpaid charges and follow-up with your insurance directly.
- Managed Care plan (HMO, POS, PPO), you are responsible for paying any **copayments, deductibles, and non-covered services** at the time services are rendered. It is the patient's responsibility to verify a physician's participation in their health plan prior to making an appointment. If your plan requires a referral for ANY service beyond your Primary Care Physician's office, you must contact our Referral Coordinator. This will allow you to obtain the necessary information and authorization for your visit. Please understand that if you fail to do so, the visit may NOT be authorized by your insurance carrier. We must comply with your insurance company's rules and will NOT issue a retroactive referral for services already provided by another provider.
- Medicare/Medicaid, as required, we will file claims with Medicare and/or Medicaid. You are responsible to pay all Medicare co-payments and for services not covered under the Medicare program. If you are covered by Medicaid, you are responsible for providing proof of current coverage and any applicable spend-down amount.
- Self-Pay or Self-Filing patients who do have insurance coverage, who are unable to provide us with valid insurance information, or who wish to file their own insurance claims are responsible to pay **100% of charges** at the time services are rendered.

About our Staff:

Our staff has been trained to understand many insurance company policies, but they DO NOT have **all** the answers about your specific benefits. Please contact your employer for a copy of your *Benefits Guidebook*, or call your insurance company, should you need detailed information about your coverage.

Please Turn to the Reverse Side

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Past Due Account Balances:

If your account balance becomes past due, appropriate action will be taken to collect the amount due. If you have issues that prevent you from paying the full balance due, please contact our Business Office so we can help find a solution. If your account is in Collection, you may be dismissed from all Central DuPage Physician Group practices and no longer eligible for services until your balance is paid in full.

Returned Checks:

The fee for all checks returned for insufficient funds is \$20.00. This fee will be automatically charged to your account when your check is returned from the bank.

Thank you for reading and understanding our Statement of Financial Policy. Please let our Practice or Business Office know if you have any questions or concerns.

I HAVE READ THE STATEMENT OF FINANCIAL POLICY

I UNDERSTAND AND AGREE TO THE POLICY

Print Patient's Name

Date

Signature of Patient or Guarantor

Date