

## **Financial Agreement**

Chicago Pulmonary Specialists (herein after “Provider”) is committed to providing you with the best possible medical care. If you have special financial needs, we are here to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

### **For patients with commercial insurance or managed care plans where Chicago Pulmonary Specialists are participating providers,**

Provider participates in a variety of insurance plans. It is your responsibility as the patient or patient’s guardian to:

1. Verify that Provider is a participating provider with your insurance plan.
2. Bring your insurance card to every visit.
3. Be prepared to pay your co-pay and deductible (when applicable) at each visit prior to seeing your physician.

**Referrals:** It is your responsibility to bring any required referral form for treatment at the time of your scheduled office visit. If a referral form is not presented prior to your scheduled visit, you will be financially responsible for all charges. If you have specific questions about your insurance, Provider will be happy to help you. Specific coverage issues, however, should be directed to the member services department of your insurance company. (The number is on your insurance card).

### **For patients with no insurance or a managed care plan where Provider is not participating providers,**

1. If you have a managed care plan that Provider does not participate, our office is able to file the claim on your behalf upon request. However, payment in full is due at the time that service or procedures are rendered.
2. If you have no insurance, a contract for care must be in place with a credit card on file to cover all rendered services/procedures. Non-guaranteed contracts are payable in full at contract signing time.
3. If you need a payment plan at the time of service, you must meet with our business representative who will provide you with a Chicago Pulmonary Specialists application and discuss financial arrangements with you.

### **For all patients:**

- If the patient is a minor (less than 18 years old), the parent/guardian must sign this financial agreement below and will bear all financial responsibilities for services and procedures rendered. The parent/guardian is responsible for bringing the necessary referral forms and any payments due at the time of service.
- You are required to pay the deductible and coinsurance amounts at the time of the scheduled service date, unless otherwise stipulated by contract with a managed care insurer.
- In the event that your balance is not paid in full by 120 days from the date of service, you will be responsible for total billed charges and collection costs (33.33% of billed charges). You further agree to pay reasonable attorney fees and cover costs arising out of any litigation concerning the collection of this account.

- You authorize payment for services rendered to be paid directly to Chicago Pulmonary Specialists. In addition, if correct insurance information is supplied at the time of visit, Chicago Pulmonary Specialists or its designee will file a claim for services and/or procedures rendered with your contracted insurance carrier(s).
- You agree that you are financially responsible for all products and/or services provided to you or your dependent by Chicago Pulmonary Specialists. You are responsible for all residual balances including but not limited to co-pays, deductibles, coinsurance and charges not paid by your insurance carrier for any reason after consideration of contractual adjustments. Any charges that are deemed by anyone, including payor or IPA, to be medically unnecessary or incidental to any other procedure(s) are your financial responsibility. Other services not covered under the insurance company's benefit contract care are payable at the time services are rendered. In addition, you are financially responsible for any charges that result from your failure to provide required information needed to file a claim with your payor (prior to services and/or products being rendered).
- This agreement shall be construed and the rights and liabilities of the parties hereto determined in accordance with the internal laws of the State of Illinois, provided however that the conflicts of law principles of the State of Illinois shall not apply to the extent that they would operate to apply the laws of another state.
- In case any one or more of the provisions contained herein shall, for any reason be held to be invalid, illegal or unenforceable in any respect, the remaining portions of the agreement remain valid.
- No waiver of any breach or failure to enforce any of the terms or conditions of this agreement at any time will in any manner limit or waive such party's rights thereafter to enforce and to compel strict compliance with every term and condition hereof. This agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes any prior agreement or understandings. This agreement supersedes all previous written and/or oral agreements between you (i.e., patient or legal guardian) and any payor, IPA and/or Chicago Pulmonary Specialists.

Chicago Pulmonary Specialists firmly believes that a good physician/patient relationship is based upon understanding and good communication.

By signing below, you acknowledge that you are the guarantor, have fully read and understand all the terms and conditions, as well as any charges and payment terms associated with this contract, and hereby agree to be bound by all the above terms.

**Authorization to release information**

By signing below, you authorize the physician to release any information needed, including the diagnosis and records of any treatment/examination rendered to me or my dependents to secure payment of benefits.

\_\_\_\_\_  
Signature of parent/guardian/guarantor

\_\_\_\_\_  
Date