

OAK BROOK allergists

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Financial Responsibility Policy

Thank you for choosing Oak Brook Allergists S.C. as your healthcare provider. We appreciate the confidence you have shown in choosing us and are committed to providing you with the best possible medical care. The medical services you seek imply a financial responsibility on your part and your clear understanding of our Financial Policy is important to our professional relationship.

It is important that you read this summary carefully and understand your financial obligation. If you do not understand our policy, please ask and we will be available to explain the policy to you.

If you are covered by an insurance plan, we will bill your insurance company as a courtesy to you. Your insurance is a contract between you, your employer, and your insurance company. **We strongly suggest you contact your insurance company to verify coverage and your part of the expense.** We will make every effort to obtain an estimate of benefits from your insurance plan; however, we cannot be held responsible for the difference between the estimates we are given by your insurance company and the final payment of the claim. We are providing a service to you and are not involved in the contract between you, your employer and insurance carrier. We will not get involved in any disputes you may have with your insurance company concerning payment of your claim; however, we will assist in providing medical documentation to the company on your behalf.

It is very important that we have accurate insurance information on file so that we can submit the claim to your insurance company in a timely manner. Our receptionist may ask to see your insurance card, therefore, please make sure to carry it with you.

Co-Payments: Your insurance plan determines your co-payment and they require that we collect your designated co-payment at the time of service. Please be prepared to pay the co-payment at each visit.

Deductibles: If your insurance plan has a calendar year deductible that has not been met, you will be responsible for any payment of services that were applied to your deductible. For those patients with high deductibles, we can offer a payment arrangement to assist you with these charges.

Self-Pay: You will be considered self-pay if you have no insurance coverage. Payment is expected at the time of service.

Non-Participating Insurance Plans: As a courtesy to our patients, Oak Brook Allergists S.C. will bill your non-participating insurance plan, you will be responsible for any balance not covered by your insurance plan.

Referrals: If your insurance plan requires a referral from your Primary Care Physician, it is your responsibility to obtain your referral prior to your appointment and to have it with you at the time of your appointment. If there is no referral, we will give you the option of re-scheduling the visit to another date/time when a referral is provided or pay for the services at the time of visit at our current fee schedule rate.

Medicare: Our providers are participating providers in the Medicare Part B program. We will file Medicare Part B claims on your behalf. You will be responsible for the deductible and the co-insurance.

Parental Separation: The person who brings the child in for treatment is responsible for payment of any co-pay or balance. **IF THERE IS A DIVORCE SITUATION, THE PARENT WHO BRINGS THE**

CHILD TO THE OFFICE IS THE PERSON RESPONSIBLE FOR THE CHARGES. WE WILL NOT BECOME INVOLVED WITH THE PARTICULARS OF YOUR DIVORCE. We will provide a receipt so that the responsible party can reimburse them.

Returned Check Fee: Any returned check from the bank for non-payment (insufficient funds) shall result in the patient's account being assessed a \$25.00 fee per check returned.

Payments: Once we determine your personal financial obligation or after your insurance company reimburses Oak Brook Allergists S.C. for a portion of your care, we will mail you a statement so that you know the status of your account with us. **Payment is expected upon receipt of the statement.** Any account past due by 90 days will be subject to submission to our collection agency. If your account is placed into our collection process, you will be responsible for any collection fees incurred in the process. We strongly recommend that you contact our billing department to make a payment arrangement if you are having difficulty paying your bill. The number to our billing department is (630)574-0463.

WE ACCEPT CASH, MASTERCARD, VISA, DISCOVER AND CHECKS.

Authorization to release information: I hereby authorize Oak Brook Allergists S.C. to release any information necessary to insurance carriers and/or the Centers for Medicare regarding the patient's illness and treatment and I hereby assign payment to Oak Brook Allergists S.C. for services rendered to myself/my dependent.

I understand I AM RESPONSIBLE FOR ANY AMOUNTS NOT COVERED BY MY INSURANCE.

I have read and agree to the terms of this financial policy.

Signature of Patient, Parent/Guardian (if under 18 years of age)

Date

Printed Name of Patient, Parent/Guardian

Printed Name of Patient (if under 18 year of age)