

FOX VALLEY CARDIOVASCULAR CONSULTANTS

FINANCIAL AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT AND INITIAL WHERE INDICATED TO ASSURE YOUR UNDERSTANDING. PLEASE TAKE A COPY FOR YOUR RECORDS.

1. FILING CLAIMS TO INSURANCE

Patients must present acceptable current insurance identification information at the time of service. This information is defined as a valid insurance card, or verifiable insurance coverage information from the patient and or the insured's employer. As a courtesy to our patients, verifiable/assignable insurance coverage information will be billed by FVCC to the appropriate insurance carrier for reimbursement. We deal with many different insurance companies and within those different insurance carriers many different contracts exist. Therefore it is the patient's responsibility to be informed of their policy benefits which includes but is not limited to covered services, co-pay's, deductibles, co-insurance and any out of network benefits if applicable. All patients must pay their co-payments at the time of service per the requirements of your insurance plan. If we are not a participating provider with your insurance carrier FVCC will still file claims to the carrier on your behalf. Any patient responsibility as a result of this must be paid in full upon receipt of the statement indicating the amount due.

Initials

2. INSURANCE CLAIMS NOT PAID AFTER 45 DAYS

Unless we have a contract with your insurance carrier that states otherwise and your insurance carrier has not paid your claim(s) within 45 days, we reserve the right to hold the patient/insured responsible for the charges. You will then receive a statement that reflects the balance due. Illinois law states insurance claims are to be paid within 30 days. As a courtesy to you, FVCC waits 15 days longer than required by Illinois law to receive payment. If the insurer does not make payment within 45 days, the patient or insured is responsible for paying the claim. If you feel that the insurance carrier has not fulfilled its obligation with regard to payment, you should contact them to determine why it has not paid.

Initials

3. Patient Financial Responsibility

There are some procedures that will need to be verified with the insurance carrier prior to your visit. Upon verification, it may be necessary to require you to pay a deposit based on the benefits quoted. A representative from FVCC will speak to you regarding any amount that you will need to bring with you at the time of your visit. If you are unable to provide the amount required, a payment arrangement plan can be set up according to our Self Pay Policy. Once the insurance carrier has paid and indicated that there is a patient balance due, you will receive a statement from us indicating the amount due. We request that the balance be paid in full upon receipt of the statement.

Initials

4. Patient Responsibility For Referrals

Patients with HMO or POS Insurance Coverage must present a valid referral from their primary care physician at time of service. Obtaining the referral is the patient's responsibility for all visits. However, FVCC will assist you with this process by providing treatment codes necessary to bill the insurance carrier. Without a referral, you will be asked to sign a waiver stating that you will be financially responsible for all charges incurred that are not covered by insurance. You may also reschedule your appointment until you obtain the referral.

Initials

5. Collection/Delinquent Account Policy

Any Returned or NSF checks will be charged back to the patient's account with a service fee of \$20.00. Returned or NSF checks including the service fee must be redeemed by either cash or credit card. This must be done within 10 business days of notification or the account will be referred to an outside source for collection purposes. Any account which is in either a Self-Pay or 90 Days Past Due status will be referred to our collection department. FVCC reserves the right to use any collection methods legally available to us to collect the amount due. The account may either be referred to a third party collections agency for collection purposes. The patient or the patient's guarantor is financially responsible for all costs associated with placement to any collection agency used to recover the delinquent account. This will include a collection fee of either 30% or 33.3% which will be added to the unpaid balance to cover the cost of placing the account with the collection agency. FVCC reserves the right to cease providing medical services to any patient whose account is more than 30 days past due.

Initials

Signature of Financial Guarantor

Date

Witness

Date