

Suburban Surgical Care Specialists, S.C. Financial Policy

Thank you for choosing Suburban Surgical Care Specialists, S.C. (SSCS). We will work hard to provide the highest quality of care.

Your clear understanding of our Financial Policy is important to our professional relationship. If you have any questions, please contact our Billing Department at 847-255-9697.

The patient, parent or legal guardian, is always responsible for payment. In consideration of services to be rendered, you, as the undersigned patient, parent or guarantor, as applicable, agree to pay SSCS for all services and supplies provided to you (or the patient) at the established rates, including any deductibles, co-payments, coinsurances, non-covered services or any other charges as permitted by third party payors. By signing this Financial Policy you accept responsibility for any costs, including attorney or collection fees incurred by SSCS for the collection of charges for examinations, diagnosis, or treatment provided. Prior to services being rendered you must furnish SSCS with accurate insurance information. For your convenience we accept cash, checks, VISA, MasterCard, and Discover.

Self Pay – all self pay patients are required to pay for services at time of visit or prior to procedure.

Medicare: SSCS accepts Medicare assignment. As a Medicare patient, for covered services, you are responsible for the deductibles and co-insurance amounts as determined by Medicare. If you have supplemental insurance, we will bill the secondary carrier for you. If you do not have supplemental insurance the coinsurance and/or any unmet deductible may be due at time of service. Once claims are processed, you will receive a statement for any outstanding patient responsibility. If SSCS believes because of your circumstances, your care will not be covered by Medicare, an Advanced Beneficiary Notice will be presented to you. In such case Payment will be due at time of service.

Managed Care – As owner of the policy you are responsible for verifying that we are an in-network provider under your plan. HMO members are responsible for obtaining required referrals. If you do not have the required referral you may be rescheduled and/or be responsible for some or all of the charges your insurance does not cover. All copayments or other payments required by your plan to be paid by the patient are required to be paid at the time of service.

Insurance –Please keep in mind, your insurance policy is a contract between you and your insurance company. You are ultimately responsible for all charges incurred. **You must provide us with current and correct insurance information.** You must notify SSCS immediately regarding any changes in insurance. All applicable copayments are due at time of service. If you are unable to pay copay at time of service, your appointment may be rescheduled.

SSCS will file your claim with your insurance company. Prior to services being rendered, SSCS may conduct insurance verification and provide you with the estimated patient responsibility portion of the

overall charges. SSCS may require you to pay some or all of the estimated patient responsibility prior to services being rendered. Because your insurance carrier can only provide SSCS with an estimate of patient responsibility portion of the overall charges, once the claim has been processed, there may be additional amounts due from the patient. You will receive a statement for the additional balance due. If claims processing results in a credit balance on your account a refund will be processed within 30 days.

Form Fees: FMLA forms \$35 each

Account Statements: Statements are mailed monthly to patients that have an outstanding patient balance due on their account. Payment is expected upon receipt of statement. Any payment arrangement must be discussed and approved by our Billing Department. Overdue accounts may be referred to a collection agency.

Non-Sufficient Funds (NSF) – Returned check fee \$35

No Show Fee - \$35 for Office visit, \$250 for scheduled procedures. Cancellations must be made within 24 hours of appointment time.

Collections – In event of non-payment SSCS shall be entitled to recover all collection expenses, including court costs and reasonable attorney fees, incurred for purpose of obtaining payment of the amount due. If your account is sent to a collections agency or we are listed in a bankruptcy suit you may be dismissed as a patient from our practice at your physician’s discretion.

Patient Name

Patient, Parent or Guardian Signature

Date