lindenhurst PEDIATRICS

Financial Policy

It is important that you understand your insurance plan and our financial policies as well. Since it is our primary goal to provide the best healthcare for your children, we provide and offer a variety of services in-office. These services include a variety of labs, tests, and procedures. Some of these services have additional charges associated with them and you are responsible to pay for these services at the time of your visit.

Insurance: We participate with many insurance plans. If you are not insured by a plan in which we participate, payment in full will be expected at each visit. If you are insured by a plan with which we participate**, it is your responsibility to have a current insurance card** with you for each visit or payment in full may be required until we can verify your coverage. Please contact your insurance company with any questions you have regarding your coverage so as to avoid any surprises.

Proof of insurance: All patients must complete our patient registration form before seeing a doctor. We will need a copy of your driver's license and current valid insurance card to provide proof of insurance.

Co-payments: All co-payments shall be paid at the time of service. This arrangement is part of your/our contract with your insurance company. It is our policy to collect a co-payment at every visit (we accept cash, checks and most major credit cards). Some insurance companies may exempt certain types of visits from needing a co-payment. It is impossible for us to know which company exempts which type of visit; often we must wait up to three months for the insurance company's explanation of benefits statement to find this out. If we should find out there is an exemption we will adjust your previously paid co-payment as either a credit balance or refund.

Claims submission: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request **and any balance is your responsibility**. If your insurance changes, please notify us before you next visit, or visit the patient portal to submit changes. If you fail to notify us of a change within 60 days, most insurance companies will consider this to be past timely filing and will not process your claims for visit and the balance will become your responsibility. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Non-covered services: Please be aware that some, and perhaps all, of the services you receive may not be covered for whatever reason by your insurance company. Our practice follows nationally acceptable standard for coding and submitting claims to insurance companies. These standards, Current Procedural Terminology, are recognized and accepted by all federal and commercial insurers. Occasionally, insurance companies misinterpret these guidelines and improperly deny payment for service. Some of their incorrect explanations are that a service is "bundled" or "non-covered" and "non-billable". If an insurer improperly denies or refuses to accept a correctly coded and submitted claim, we will need to bill the improperly "denied" portion to you. This portion becomes your responsibility. If you believe that such a situation has occurred, we will be happy to discuss this with you.

Nonpayment: If your account is over 60 days past due, you will receive a letter stating that you have 15 days to pay your account in full. Please be aware that if a balance remains unpaid, we will need to refer your account to our collection agency and you may be discharged from our practice. Should this occur, you will be notified by regular mail that you have 30 days to find alternative medical care. During that 30 day period, our physician will only be able to treat you for emergency care. We hope this never happens!

Missed appointments: We reserve the right to charge for missed appointments. These charges will be your responsibility and billed directly to you. We understand that sometime in our hectic world appointments can not be kept however a quick call to our office will avoid a "missed appointment" charge.

Bill payment: Online bill-payment is provided at our website LindenhurstPediatrics.com, you may also mail your payment, or contact our billing department at 847-543-7337.

Understanding Your Insurance: Your insurance coverage is based on a contract between you (or your employer) and the insurance company and **it is your responsibility to know the specifics of your plan**. Although we may participate with your insurance company, we cannot know the terms and conditions of your specific policy. Please be sure to understand your benefits and bring any questions or concerns to our attention.

The timing and frequency of appointments can affect your coverage. Therefore, please keep the following in mind when scheduling your child's appointments:

- Physical exams for school or sports, if they are in addition to a regular exam, may not be covered by your insurance.

Divorce/Separation: We are a safe space for medical care and for that reason will remain a neutral party during disputes. In the event of a divorce or separation, the party that has previously signed the financial agreement will remain responsible for the account unless **both** parents agree to cancel the original agreement and sign a new one naming the other responsible. the parent seeking and authorizing treatment for the child(ren) will be responsible for the subsequent charges and account. Since we are not party to the divorce, if the divorce decree requires the other parent to pay for part or all of the treatment costs, it is the authorizing parents responsibility to collect from the other parent. Due to Illinois state law we are unable bill the "other parent"., however,we will be happy to provide a detailed receipt to help.

Returned Checks:

Our office charges a fee of $35.00 for any check returned by the bank. Should a check be returned we may ask that you make future payments using another payment method (cash or credit card).

If you have any questions regarding your specific coverage, you should contact your insurance company. Please do not hesitate to contact our billing department if you need any assistance.

I assign directly to Lindenhurst Pediatrics all medical payments and benefits otherwise payable to me for services rendered. I understand that I am financially responsible for all charges, whether or not paid by insurance, including annual deductibles, co-payments, or charges denied by my insurance company, for service rendered by Lindenhurst Pediatrics that I choose to have performed outside of insurance coverage, or charges denied by my insurance company as not cov-ered or not medically necessary. I am responsible for any fees incurred should my account require collection action (i.e.. Late fees, collection agency fees, court or attorney costs). I authorize the use of my signature on all insurance submissions, whether written or submitted electronically. The practice may use my health care information and may disclose such information to any insurance company and their agents for the purpose of obtaining payment for service and determining insurance benefits or the benefits payable for related services. This authorization shall remain valid unless/until I rescind it in writing.

Signature: _____Date:_____

Printed name: _____

Patient name: _____ Date of Birth:_____