

## **OB-GYNE Associates of Libertyville, S. C.**

Thank you for choosing OB-GYNE Associates of Libertyville, S.C. as your healthcare provider. Please read the following information regarding our financial policies and sign where requested. A copy will be returned to you for your records, at your request.

### **FINANCIAL POLICIES**

Please be aware that we charge what is usual and customary for our area. If at any time you have questions regarding your account with us, please contact our billing office or our office manager at (847) 680-3400.

***Payment is required at the time of service, unless prior arrangements have been made.***

We accept assignment of your insurance benefits provided we are contracted with that insurance plan. Your insurance policy is a contract between you and your insurance company and our practice is not a part of that contract. In order for us to submit claims on your behalf to your insurance company it will be necessary for you to fill out all required forms in their entirety, as well as present your insurance card at each visit. Copies of insurance cards will not be accepted.

In the event you have a change of insurance, it is your responsibility to inform our office. If we are not notified of the change in a timely manner, any balances will become your financial responsibility and you will need to file your claim directly with your insurance. If you are under our obstetrical care and you incur an insurance change and we do not accept your new insurance, you may still be seen as a cash paying patient only.

- I understand it is my responsibility to know the benefits and limitations of my insurance plan.
- I understand it is my responsibility to obtain any referrals or authorizations that may be required by my insurance company.
- I understand if my insurance company has not paid my claim within sixty (60) days, I am financially responsible.
- I understand that if I do not pay my portion of the bill within 90 days I will be charged a \$25.00 service fee.

### **PRACTICE POLICIES**

We require 24-hour advance notice for cancellation of a scheduled appointment. Failure to notify our office may result in a \$50.00 fee.

Any credit on accounts less than \$100.00 will remain in the account and will be applied to further charges. This credit can be requested at any time by calling our billing department.

Checks that are returned as "Non-Sufficient Funds" will incur a \$25.00 service fee. Should a second check be returned, this will result in a \$50.00 service fee and you will be on a cash or credit card payment only status with our practice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

