

NORTHERN ILLINOIS FOOT & ANKLE SPECIALISTS FINANCIAL AGREEMENT

We are committed to provide you with the best possible care. Payment for services rendered to uninsured patients is due at the time services are rendered. If you have medical insurance, we will help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy. You must realize that your insurance is a contract between you, your employer and the insurance company. We are NOT a party to that contract. We emphasize that, as medical care providers, our relationship is with you, not your insurance company.

Northern Illinois Foot & Ankle Specialists will file your insurance claims for reimbursement. You do understand, however, that you are financially responsible for all charges regardless of any applicable insurance or benefit payments. You agree to pay any additional costs if your account is turned over to a collection agency or attorney in an effort to collect any outstanding balance. This may include, but is not limited to, filing fees, court costs, collection agency fees and attorney fees.

Patient Appointments: We require a 24-hour notice for any cancellations. Failure to give 24-hour notice or missed appointments will incur a non-adjustable **\$25 fee**. Copays are due at the time of your appointment. Therefore, if it is necessary to mail a statement for any unpaid copay, the account will be assessed a non-adjustable \$10 service fee.

Financial Responsibilities: Bring your current insurance information to **each visit**. It is your responsibility to understand your insurance benefits, including co-pays, deductibles, and coinsurances

Self Pay Patients: Payment is expected on the day treatment is rendered. We accept cash, check or VISA/MC.

Statements are mailed each month. Payment is due upon receipt unless other arrangements are made in advance. If payment is not received before the next statement date (25-30 days) the account is considered past due and may be assessed a monthly non-adjustable service charge of \$10.00. Accounts that have not received any payments or acknowledgment for three (3) consecutive months will be referred to an outside collection agency. A non-adjustable collection fee of 28% of the current outstanding balance will be added to the account.

Refunds are processed only after all open claims on the account are processed. Deposits will be refunded after completion of insurance payment processing. Checks are mailed at the end of the month.

All returned checks will be charged a **\$25.00** administrative fee.

I have read the above patient obligations and agree to follow this policy

Signature of Insured/Guardian

Date

