



OB / GYNE

Associates of Lake Forest, Ltd.

959 S. Waukegan Rd., 2nd Floor · Lake Forest, IL 60045
847-234-3250

FINANCIAL POLICY

Thank you for choosing our office for your OB/Gyne care. The following is a summary of our financial policy. Your understanding of this policy is a key element in your care. If you have any questions, please feel free to contact our billing department at 847-234-3250.

The patient or patient’s guardian is responsible for payment of services rendered by our physicians. As a courtesy, our billing office will submit claims to your insurance carrier. In order to file your claim, please be sure that we have your most current insurance information on file. If a co-pay is required by your insurance plan, you will be expected to pay your co-pay at each visit. If you are seen for a scheduled preventative visit and another condition is treated at the same time, the provider will bill for each service rendered. Our office can only code and file a claim for your visit with a diagnosis that was encountered and documented in the medical record. To ask this office to change a diagnosis solely for the purpose of securing reimbursement from an insurance carrier is inappropriate and fraudulent.

After insurance benefits have been received, patients will be asked to forward payment of any remaining balance due within 30 days. Balances after 60 days will be subject to finance charges. Fee for service, co-pays, co-insurance and deductibles are due at time of service. Cash, check, Visa, Mastercard, Discover, and American Express are acceptable forms of payment. If your account is referred to our collection agency, your account will be assessed a 30% collection fee and you will be dismissed from our practice. Should you file bankruptcy, you will also be dismissed.

After hours phone consults with the physician will incur a charge. All prescription refills, and mail order insurance prescriptions will be handled during your office visit. Requests for prescription and mail order insurance prescriptions that are not handled at an office visit will result in a charge. In addition, disability forms will be completed for a fee per occurrence.

Fees:			
After hours phone consult	\$50.00	Forms completion-per occurrence	\$20.00
Lost prescription/rx called into pharmacy	\$20.00	NSF/Returned check	\$50.00
No show for appointment	\$50.00		

As a courtesy to our patients, Lab Corp of America provides in office laboratory services. It is the patient’s responsibility to confirm with your insurance if they are in your plan.

If you are uncertain whether or not our physicians or any of our services are covered by your insurance plan, **please call your insurance company before seeing the doctor.** In the event you need to change, reschedule, or cancel your appointment, **you must do so within 24 hours of your medical appointment and, 48 hours of your cosmetic appointment to avoid being charged.** All no show appointments will be charged a fee.

I have read and understand the financial policies described above. By choosing to proceed with care, I am also agreeing to comply with these policies.

Printed Name _____ Signature _____ Date _____