

South Naperville Family Practice, LTD.
Consent to Release Personal Medical Information
And
Communication Preferences

Patient Name _____ Date of Birth _____

I hereby grant my consent to South Naperville Family Practice, LTD. to disclose my personal medical information to the following person(s).

Name: _____ Relationship _____ Phone
Number _____

Name: _____ Relationship _____ Phone
Number _____

Name: _____ Relationship _____ Phone
Number _____

I give my permission to South Naperville Family Practice, LTD. to:

Please mark all that apply

Leave a detailed message on my phone, answering machine, or voice mail
at this phone number _____

Leave a detailed message with the person whose name is noted above.

Call my workplace to leave a message to contact our office if I am not available.

Work phone number _____

Send medical information concerning test results, appointment reminders, and other medically related information to this e-mail
address _____

Patient signature/parent or guardian if under the age of 18

Date

South Naperville Family Practice, LTD.

2088 Ogden Ave, Suite 200

Aurora, IL. 60504

Financial Policy

Full Payment of patient portion of charges, as well as outstanding account balances, is **DUE AT THE TIME OF SERVICE**. We accept cash, checks, Visa, MasterCard, and Discover. If you receive a **STATEMENT** from our office for services provided to you, our **TERMS** are **DUE UPON RECEIPT**. If your balance remains outstanding for more than **30 DAYS**, your account will be subject to collections processing. You can pay your balance via credit card by phone. Our office does not keep credit card information on file.

If after receiving several statements, and other notifications from our office, you do not make timely payments against your balance, we reserve the right to turn your account over to a collection agency and/or pursue all legal options available to us to collect all monies due us, including all applicable handling and legal charges and collection fees incurred by our office.

We will charge your account \$50.00 for **MISSED APPOINTMENTS** unless you cancel your scheduled appointment 24 hours in advance.

We will charge your account \$50.00 for checks returned due to non-sufficient funds or closed account status.

INSURANCE is a contract between you and your insurance company. We are **NOT** a party to this contract. We file insurance claims as a courtesy to our patients. We will not become involved in any disputes between you and your insurance company regarding your specific pain provisions. **IT IS YOUR RESPONSIBILITY** to know the provisions of your insurance coverage. We will ask you to produce your **CURRENT INSURANCE INFORMATION** at each visit to our office. We will also ask if your account status has changed, and will ask you to verify information concerning current address, telephone number, and responsible party and policyholder information.

SOUTH NAPERVILLE FAMILY PRACTICE, LTD. offers a 33% **DISCOUNT** for cash paying or non-insured patients for office visits, preventative visits and some minor procedures. Blood draws and immunizations are not discounted.

PLEASE NOTE All individuals over 18 years of age will be set up as their own **RESPONSIBLE PARTY** regardless of parental policyholder status. We do realize that children can be a dependent on a parental policy until the age of 26. However, if a child's account is forwarded to collections, the collection agency will open their account in the name of the patient if they are over 18 years of age.

We will not become a party to **DIVORCE** disputes concerning **RESPONSIBLE PARTIES** for medical care of children or spouses. Payment for patient portion of medical charges such as Co Pays and outstanding balances for minors is **DUE AT TIME OF SERVICE**.

PLEASE NOTE in the event a child's account is forwarded to collections, **BOTH PARENTS** are legally responsible for the debt of the child, regardless of divorce decreed responsibility.

We will not become a party to **WORKMEN COMPENSATION** or **AUTOMOBILE ACCIDENT** related incidents. Payment for services rendered under these circumstances is expected at time of service. You must file claims with the appropriate parties.

SOUTH NAPERVILLE FAMILY PRACTICE, LTD. reserves the right to change or modify any and/or all of our financial policy at any time as is deemed necessary.

Patient Signature/Parent or Guardian Signature if patient is under the age of 18

Date
