



## FINANCIAL POLICY

Thank you for choosing SportsMed-Wheaton Orthopaedics as your health care provider. Along with our commitment to provide quality medical care, we strive to maintain responsible cost-effective measures and meet compliance requirements.

The following is a statement of our Financial Policy. We urge you to review it thoroughly at your earliest opportunity so you will be aware of your financial responsibility for the care you receive at our facilities. We encourage open communication about all matters related to your care so do not hesitate to ask our staff about any concerns or questions prior to your treatment. **We can be reached at (630) 665-9155.**

**At the time of service:** When you arrive, please check-in at the reception desk. We will verify information in your file. If any insurance coverage or other information has changed since your last visit, please let us know. Bring your current insurance card for every visit. At the end of your visit, you must check out at the reception desk.

### **Billing and Insurance Procedures:**

Self Pay: If you have no insurance or prefer to file your own claims, full payment is due at the time of service unless an alternative financial agreement has been made with our Patient Accounts Representative. For your convenience we accept Visa, Master Card, Discover and American Express, as well as cash and checks.

Contracted Insurance Plans: We will submit all claims on your behalf to your insurance carrier. Co-payments which are required by your plan will be collected at the time of service. Claims rejected by your plan (due to non-covered benefits, pre-existing conditions, etc. - see your policy for details) will be billed to you and prompt payment is your responsibility. HMOs require a referral. If you do not present a required referral from your primary care physician at the time of service, full payment will be required.

Non-Contracted Insurance Plans: As a courtesy, in cases where we have complete insurance information on file, we will file your claim for you. We require a 20% payment at the time of service. This is the standard co-insurance amount. If your coverage differs, please discuss your benefits with the receptionist when you check-in. Any charges not paid by your insurance company, regardless of the reason, will be billed to you.

Medicare: Our physicians are participating Medicare providers. Patients are responsible for the annual deductible and 20% of the approved Medicare amount before benefits are payable. Payment is not required at the time of service. If you have a secondary insurance to Medicare and you have given us the required information for your secondary plan, we will bill the carrier for you. Any deductible, non-covered or coinsurance portions will be billed to you.

Medicaid: If you have Illinois Medicaid, please give our receptionist your Medicaid card. Under the regulations of the Illinois Department of Public Aid, the patient must present a current, valid Medicaid card at the time of service. If a card is not provided, you will be responsible for payment. Full payment is required at the time of service for patients meeting a State-required spend-down. Any required Medicaid co-pays will be collected at the time of service. We are Illinois-Medicaid providers only, therefore if you are covered by a Medicaid-type plan through another state, you are responsible for payment when treated here. If you have other insurance in addition to Medicaid, please make sure you notify us at the time of service, as any other insurance must be billed prior to Medicaid.

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Champus: If you have Champus insurance, please give our receptionist your Champus card. We will file your claim for you. Any deductible, non-covered or co-insurance portion will be billed to you after we have billed your insurance carrier.

Work-Related (Workers Compensation) Injuries: Upon verification by your company of workers compensation coverage for your injury or illness, we will file your charges with the company's carrier. However, disputed, denied or unpaid claims will become the responsibility of the patient under the terms of this agreement.

Third Party Liability (Auto Accidents, etc.): We require complete information (policy number, claim number, name, address and phone number of the carrier) for your auto insurance company. We also require full information about your health insurance plan, including a photocopy of your insurance card. We will file your claim with your auto insurance (even if there is another car involved in the accident). If the auto insurance denies or has paid out maximum benefits, we will then file with the health insurance plan. Additionally, we file a Physician's Lien to ensure protection of any unpaid balance at the time your claim settles. Since it often requires several months, or even years, to settle a liability case, we require monthly payments from the patient to keep the account current, even if a Physician's Lien is in effect.

Miscellaneous Charges: Due to the materials and staff time involved, fees are charged for certain services, i.e., copies of medical records, copies of x-ray films, narrative reports by the physician, medical testimony for depositions and/or trials. Please ask the staff for further information if you require these services. In the event litigation is necessary, the patient is responsible for court costs and attorney fees. Also, please be aware there is a \$30 fee for a check which is returned for any reason.

Usual and Customary Rates (UCR): Our fees are within the usual and customary rates for our area. Regardless of your carrier's determination of UCRs, you are responsible for payment in full. It has been our experience that insurance companies' UCR determinations are often outdated, arbitrary or otherwise inaccurate.

Monthly Statements: We require all patient balances be paid within 30 days of the statement date. Regardless of the type of claims pending, as long as there is an open balance on your account, a statement will be sent to you. Please review it carefully and contact us if you have any questions.

Making Payments: Please do not send cash through the mail. Include the designated portion of your monthly statement with your payment. It is recommended that you write your account number on your check. You may call our Patient Accounts Representative to make payment over the phone with a credit card (Visa, Master Card, American Express, Discover).

Past Due Accounts: If you are experiencing financial difficulty, we encourage you to contact us and we will work with you to arrive at a mutually satisfactory payment plan. In cases where an account is seriously past due or the patient has shown an unwillingness to make reasonable payment efforts, the account may be referred to an outside collection agency and will be charged an additional 20% collection fee. **If payment is not received, we reserve the right to refuse future appointments on delinquent accounts.**

**As the recipient of medical care, you are ultimately responsible for all charges regardless of your circumstances for reimbursement.**

**It is your responsibility to know the terms of your insurance coverage, and to obtain any necessary referral forms, pre-certification approvals, etc.**

**It is your responsibility to supply, to the best of your knowledge and ability, any information requested in order to initiate, support and expedite the claims/billing process.**