

## Summary of the Financial Policy of Illinois Bone & Joint Institute

Thank you for choosing us as your care provider. We are committed to the successful treatment of your medical condition. Please understand that payment of your bill is considered part of your treatment. Your clear understanding of our Financial Policy is important to our professional relationship. Please call our billing department at 847-720-7170 if you have any questions.

- ▶ Full payment is due at the time of service for self-pay patients or if insurance information (and copy of insurance card) have NOT been provided.
- ▶ We accept cash and Visa/Mastercard. Some offices also accept Discover card and/or checks. Please confirm with our reception staff.
- ▶ All patients must complete our “patient registration form” and other forms provided at the time of registration.
- ▶ For cases in which we bill insurance directly, we MUST HAVE A COPY OF THE CURRENT INSURANCE ID CARD.
- ▶ ***If payment is not received from the insurance carrier or other responsible party within 90 days, you ACKNOWLEDGE THAT WE HAVE THE RIGHT TO BILL YOU DIRECTLY.***
- ▶ Please notify us immediately of any changes in your insurance information or coverage.
- ▶ At least 24 hours’ notice is required for copies of medical records or x-rays and there may be a nominal fee.
- ▶ You are ultimately responsible for payment of all services.

### ***UCR (Usual and Customary Rates)***

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We are committed to providing the best treatment possible for our patients and we charge what is usual and customary for our area.

### ***Medicare***

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We accept Medicare assignment. As a Medicare patient, you are responsible only for the difference between Medicare’s approved charge and the amount Medicare pays, your deductible and charges for any service not covered by Medicare. If you have supplemental insurance, we will bill it directly for you. You will receive a bill after your insurance has paid.

***If you are in a skilled medical nursing facility (permanently or temporarily residing in a nursing home or rehabilitation center), we will need to know the facility’s name and address.***

### ***HMO/PPO***

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**ALL CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE. IF YOU DO NOT KNOW YOUR CO-PAY YOU MAY USE OUR PHONE TO FIND OUT.** We are a member of most, but not all, insurance plans. You are responsible for verifying that we are an in-network provider under your plan. If you are an HMO member, you will not be billed as long as you have obtained the necessary referrals. All patients will be responsible for their co-payments, co-insurance and deductibles as applicable and as long as they have verified with their insurance company that our physician is in their plan.

### ***Workers' Compensation***

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If you are here as a result of a work-related injury, we will require information regarding both health insurance and your employer's Workers' Compensation insurance. We will also need to verify that your employer assumes responsibility for charges incurred. If we cannot verify employer responsibility or we are unable to obtain information on your employer's Workers' Compensation insurance, as a courtesy we will bill your health insurance carrier. If payment is not received from these third parties within 90 days, we have the right to bill you directly.

### ***Accident Claims***

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If you are here as a result of an accident claim, we will require information regarding both health insurance and accident insurance. In addition, we will need the name, address and phone number of your attorney. In the case of a lawsuit, we may need to file liens for payment. If payment is not received from these third parties within 90 days, we have the right to bill you directly.

***If the IBJI office bills your insurance company as a courtesy, you must submit information as needed to guarantee payment for services rendered to you. You are ultimately responsible for payment of all services.***