

Financial Policy

Welcome to Lake Cook Orthopedics. Your health is our primary concern. In order to serve you better, we need to work within the rules of many insurance plans. We have therefore developed a financial policy in an effort to anticipate most of the situations our patients might encounter.

MINOR PATIENTS:

We need permission from a child's parents (or guardians) in order to treat that child. Arrangements for payment must also be made by the adult within the following guidelines.

INSURANCE:

Many types of insurance are currently available. Some of our patients are insured under traditional insurance, HMOs (Health Maintenance Organizations), PPOs (Preferred Provider Organizations), workman's compensation, Medicare, Medicaid, or other varieties of insurance, and some patients are not covered by insurance.

Most insurance plans are contracts between a patient and the insurance company. The bills are the responsibility of the patient. As a courtesy, we will work with you to help you receive maximum benefits. For most office visits, you will receive a HCFA (Health Claim Form). This can simply be submitted to your insurance plan. It contains the information needed by your insurance company. Payment is expected at the time of service upon receipt of the HCFA. Emergency room treatment and surgical bills will be billed directly to your insurance company. If your insurance company has not paid your account in full within 45 days, you are required to pay the outstanding balance. Accounts past due greater than 30 days will be assessed a \$5 service charge per month until fully paid.

MEDICARE:

If you are a Medicare or Medicare Railroad Retirement insured, we will bill for you. We will also bill your secondary insurance carrier after Medicare if you have provided us with the insurance company's name, mailing address, policy/group number, identification number, and where appropriate, claim number.

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HMOs:

As specialists we are on the panel of several HMOs. Each one has different rules which you and we must follow. You are responsible for knowing the rules of your particular plan. Some general and common rules involve referrals and copayments (copays). We can not see patients insured by HMOs without a "referral form". These come from your primary care physician and must be available at the time of your visit and must include what ever service you might need. For instance follow up fracture care usually involves x-rays. Therefore your referral for a fracture follow up visit must include x-rays. Primary care physicians' offices are not always open at the time of your office appointment with us. Therefore your referral form should be obtained prior to your appointment with us. You usually need a separate referral form for each visit with us. Copays are due at the time of your visit, so be prepared to pay them at that time. We do billing for HMO patients.

PPOs:

We, as specialists, are on the "panel" of several PPOs (Preferred Provider Organizations). We have agreed with these companies on a fee schedule. Each one has different rules about copayments, deductibles, precertifications and coverages. You are responsible for knowing your plan's details. In most cases, we will submit the bills for you. All copayments must be paid at the time of service.

MISSED APPOINTMENT:

Unless canceled 24 hours in advance, our policy is to charge for missed appointments. Please help us serve you better. Call to cancel appointments, so that we can use them for other patients, thus allowing shorter waiting for appointments.

Unless other arrangements are made FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECKS AND VISA/MASTER CARD

I have read the above Financial Policy, which I understand and agree to.

X _____ Date
Signature-Patient or Responsible Party