Preferred Surgicenter, LLC

FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to the successful treatment of your 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 if you have any questions. They may be reached at **708 942 6030**

- FULL PAYMENT IS DUE AT THE TIME OF SERVICE
- WE ACCEPT CASH, CREDIT CARDS (VISA, MASTERCARD, AMERICAN EXPRESS)
- ALL PATIENTS MUST COMPLETE OUR "PATINET REGISTARTION FORM" AND OTHER RALATED FORMS
- FOR CASES WHICH WE BILL INSURANCE DIRECTLY, WE MUST HAVE A COPY OF THE INSURANCE ID CARD.
- **IF PAYMENT IS NOT RECEIVED FROM THE INSURANCE CARRIER OR OTHER RESPONSIBLE THIRD PARTY IN 90 DAYS, WE HAVE THE RIGHT TO BILL YOU DIRECTLY.**
- PLEASE NOTIFY US IMMEDIATELY OF ANY CHANGES IN YOUR INSURANCE OR COVERAGE.
- 24 HOURS NOTICE IS REQUIRED FOR COPIES OF MEDICAL RECORDS OR X-RAYS AND THERE MAY BE A NOMINAL FEE.

UCR (USUAL AND CUSTOMERY RATES)

We are committed to provide the best treatment possible for our patients and we charge what is usual and customary for our area. You are responsible for payment in full regardless of any insurance company's arbitrary determination of UCR rates.

SELF PAY

We expect payment at time of service unless prior arrangement has been made.

WORKERS COMPENSATION

If you are here as a result of work related injury, we will require information regarding both health insurance and your employer's Worker's Compensation insurance. We will also need to verify that your employer assume responsibility for charges incurred. If we cannot verify 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

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.

I understand that if the office agrees to bill insurance as a courtesy, I must submit information as needed to ensure payment for services rendered to me. I understand that I am ultimately responsible for payment for all services.

Name of Patient	Signature of Patient or Responsible Party	Date