



Corporate Office
1880 W. Winchester Rd
Suite 104
Libertyville, IL 60048
<http://www.gipartnersofil.com/>

Financial Policies

Thank you for choosing GI Partners of IL, LLC as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. As a patient, the clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please feel free to ask any questions about our fees, policies, or patient responsibilities.

Co-pays

The patient is expected to present an insurance card at each visit. All co-payments and past due balances are **due at time of service** unless previous arrangements have been made. If you are unable to pay at the time of your visit, we reserve the right to reschedule your appointment to a later date.

Insurance Claims

Your health insurance is a contract between you and your insurance company. In most cases, we are NOT a party of this contract. We will bill your primary insurance company as a courtesy to you. To properly bill your insurance carrier, we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. It will be your responsibility to notify our office of any pertinent information changes (i.e. address, name, insurance information, etc.). Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network with your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

Referrals and Pre-Authorizations

Certain health insurance plans (HMO, POS, etc.) require that you obtain a referral or prior authorization from your Primary Care Provider (PCP) before visiting a specialist. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower or nonpayment from the insurance company, and the balance will be your responsibility. Alternative payment arrangements or rescheduling of your appointment may be necessary if not obtained.

You understand and agree that (regardless of my insurance status), that you are ultimately responsible for the balance on your account for any services rendered. You hereby authorize GI Partners to release to your insurance company, any information including diagnosis & medical records of any treatment or examination rendered. You also authorize and request your insurance company to pay GI Partners directly, the amount due after applicable payments are made by you.

Financial Policies

Medicare Patients

We accept Medicare assignment. Therefore, you will be responsible for the balance on your account after Medicare's processing/payment. If you have supplemental insurance, we will bill the balance to that insurance company. Subsequently, any remaining balances are your responsibility.

Self-Pay Accounts

Arrangements must be made regarding payment **prior** to scheduling an appointment or procedure. Payment in full is due at time of service for office visits. Payment in full is due at least 3 days prior to a scheduled procedure.

No Show/Cancellations

We require a **24-hour notice** for any office visit cancellation. Failure to provide the **24-hour notice** may result in a \$50.00 fee being assessed. Three "no shows" may result in discharge from the practice. We require a **48-hour notice** for cancellation or rescheduling of procedures. Failure to provide the **48-hour notice** may result in a \$250.00 fee being assessed.

Statements and Collections

Patient statements are sent monthly. Payment in full is due upon receipt of statement unless other arrangements have been made. In the event the balance is still outstanding after 90 days the account may be forwarded to an outside collection agency.

Payment Methods

For your convenience we accept Cash, Check, Money Orders, Visa, Mastercard, American Express and Discover. Any checks returned for nonsufficient funds will incur a \$40.00 service charge. Another form of remittance will be required for the balance due.

Form Fees

Our practice charges for additional paperwork outside of the completion of medical records. Single page forms - \$25.00, multi-page forms -\$50.00, complex non-standard FMLA and disability forms - \$85.00

Medical Records

Copies of medical records are available upon request. The practice charges a fee for copies in accordance with the State of IL Comptroller's Office. This fee schedule is available upon request.

I have read and understand the financial policy set forth by GI Partners. I understand that I am responsible for having the appropriate referral or authorization on file prior to my scheduled appointment. I understand that I am responsible for the "Patient Due" portion of my statement. I understand that if I do not observe this financial policy, GI Partners has the right to use other means of collection for my outstanding balance.

Patient Signature: _____ Date: _____

Print Name: _____