

3021 Falling Waters Blvd. S-A
Lindenhurst, IL. 60046

Telephone 847-356-9300
Fax 847-356-7260

OFFICE PROTOCOL

- Please explain visit so we can schedule appropriate time needed.
- Patients must make their own appointment unless they are a minor. (i.e. no girlfriends, boyfriends, or friends).
- Under age minors must come in with parent or give us consent, written or verbal.
- Our office has **acute** hours Monday-Thursday 7:30am-5:00pm, Friday 7:30am-3:45pm & Saturday 8:00am-11:30am. (For colds, cough, fever, etc...)
- If you miss an appointment or fail to cancel your appointment 24 hours in advance, you will be charged a fee of **\$50.00**
- If you need a referral you will need to be seen.
- Our office does not treat patients with antibiotics over the phone. You will need to be seen first.
- If another physician prescribes medication and you need a refill, the prescribing physician must give you the refill.
- In an emergency situation please call 911 1st. If non emergency & after hours please call the doctor on call. (Please know which hospital is in your plan. NSU-Highland Park or Lake Forest).

INSURANCE & BILLING PROTOCOL

- If you have an HMO or POS insurance plan, & require a **PCP**, your card must have one of our physicians listed as your **PCP** or verification that one of our physicians is your **PCP**.
- Please update staff when there is a change of address, employer, or insurance.
- Please read & understand your insurance plan.
- Some insurance plans do **not** cover camp, sports, or employment physicals. Payment is expected at time of service.
- All co-pays must be paid **before** seeing the physician. Payment is expected at time of service. Our office accepts cash, check, visa, mastercard, discover card & american express.
- Note: there is a NSF check return charge of ***\$35.00***.
- Note: for FMLA Paperwork, there is a charge of ***\$25.00***
- We do not get involved in custodial or financial disputes involving divorced parents of children. The parent that **signs** the registration form will be considered the responsible party for services rendered.

Signature _____ **Date** _____

THIS FORM WILL EXPIRE 1 YEAR FROM TODAY'S DATE. NEW FORMS WILL NEED TO BE COMPLETED.