



CHICAGO NEUROSCIENCE INSTITUTE

Thank you for choosing Chicago Neuroscience Institute as your healthcare provider. Please understand that payment of your bill is considered part of your care. The following is a statement of our Financial Policy which we require you to read and sign prior to the provision of services.

FINANCIAL POLICY

All patients must complete our patient information packet in full prior to seeing a physician

PAYMENT IS DUE AT THE TIME OF SERVICE

We accept cash, check, and insurance, Visa or MasterCard

Financial assistance is available to those who qualify

Regarding Commercial Health Insurance:

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will accept assignment of insurance benefits with confirmed commercial insurance coverage with an insurance company who has maintained good credit with Chicago Neuroscience Institute. Chicago Neuroscience Institute submits claims to insurance carriers as a courtesy to our patients. It is the patient's responsibility to make sure that all services rendered are covered benefits. You are required to pay your co-pay, deductible and co-insurance portion at the time of each visit.

Workers Compensation:

If your condition is the result of a work related injury, we require that you have an authorization number and the name of the insurance adjuster; otherwise you will be required to pay for the initial visit in full at the time of service. If your workers compensation case is contested, we require payment in full at the time of services, or confirmation of commercial health insurance coverage or other liable 3rd party coverage. See above regarding commercial health insurance.

Automobile (Personal) Injuries:

If your condition is the result of an automobile accident, we will bill your automobile med pay insurance. If med pay is not available, we may submit the claims to your personal health carrier. If third party liability cannot be confirmed, we will require payment in full at the time the services are rendered.

Minors:

Parents and/or legal guardians are required to accompany a minor at the time services are rendered. For unaccompanied minors, non-emergency treatment will be denied.

Missed Appointments:

Scheduled appointments should be canceled at least 24 hours in advance. Our policy is to charge for missed appointments at the rate of \$25. Please help us serve you and others by keeping scheduled appointments.

Regarding Billings:

I understand that I will receive a monthly bill reflecting the balance due. I also understand that I am responsible to pay any and all remaining balances within 60 days from the date services are rendered. Chicago Neuroscience Institute follows the current guidelines of HIPAA and of the Illinois Hospital Association regarding the setting of fees for health care handling and copying of patient's records. If my records are requested by a third party we will follow the guidelines set by HIPAA and the Illinois Hospital Association to determine our charges. I also understand that if legal and/or collection services are required on past due balance(s), after sixty (60) days from date of service, all costs including reasonable attorney's fees are my responsibility or that of the legal guardian in the case of a minor.

If we accept assignment from your insurance company, or any liable third party, we maintain the right to demand payment from you, the patient, if for any reason your balance has not been paid in full within sixty (60) days from the date of service.

I understand and agree to the terms of this Financial Policy:

Patient Signature / Legal Guardian

Date

Witness

Date