

FINANCIAL POLICY & BILLING INFORMATION

To help us provide the most efficient and reasonable health care services, it is necessary for us to have a financial policy stating our requirements for payment of services provided to patients.

The ***Vein and Laser Center*** is committed to providing you with the best possible care. Charges for services rendered have been determined based on usual and customary fees for this area. If you have any questions in regard to your bill, please contact our billing office at (847) 695-1620. **The doctor does not take calls in regards to your bill.**

Patients are responsible for the payment of all services provided by the ***Vein and Laser Center***. However, it is our policy to file your insurance as a courtesy if we have accurate and complete insurance information. Our relationship with your insurance company is important to us. Therefore, we cannot legally write off your co-pay, co-insurance, or deductible. If you need to make special payment arrangements, contact our billing office. If, however, your account is ever delinquent and placed with our collection service, and additional 33 1/3% of your outstanding balance will be added to the account.

Your health insurance is a contract between you and your insurance company. It is your responsibility to obtain a referral from your primary care physician if necessary. You are responsible for any balance not paid by the insurance company within 60 days. Please be aware that some services may not be covered by your insurance policy.

As a courtesy to you, if you need a surgical procedure, our office will do a pre-determination of benefits. The purpose of this pre-determination is to establish medical necessity. The pre-determination requires: consultation note from the surgeon, ultrasound report, photographs, and our letter stating the procedures you will require along with your diagnosis.

In order for the ***Vein and Laser Center*** to create a treatment plan specifically for you, an ultrasound will be performed in the office. Since your insurance company will require this information to do your pre-determination, the ultrasound will be billed to your insurance company.

On the day of surgery, our office will be happy to submit your claim for you. **It is important to understand that you will be responsible for any unmet deductibles, co-pays, or co-insurance payments.**

If your insurance company requires a **pre-certification**, please call your insurance company to let them know the date of your surgery.

It is expected that if your insurance company sends payment to you directly, you will mail the check with the EOB to our office promptly. Once we receive payment, any office discounts that apply will be offered at that time.

All payments for spider vein treatments, compression stockings, and medications will be collected at time of visit. No claims will be submitted for these.

Assignment of Insurance Benefits: I hereby authorize direct payment of benefits to the ***Vein and Laser Center*** for services rendered.

Authorization for Release of Information: I hereby authorize the ***Vein and Laser Center*** to release any medical information necessary for the processing of my insurance claim if requested by my insurance company.

I hereby understand the financial policy of this office. I guarantee payment of all charges incurred for the account of the below patient. I further agree to pay any attorney's fees, court costs, and related collection fees incurred should it become necessary to refer my account to a collection agency.

Patient or Responsible Party Signature

Date