



Thank you for choosing Fox Valley Women & Children's Health Partners as your health care provider. We are committed to your treatment being successful and to a long-term relationship with you.

**Please understand that payment of your bill is considered a part of your treatment.**

**The following is a statement of our Financial Policy, please review and initial each section.**

\_\_\_\_\_ **Things to bring with you to EACH appointment:**

- Health Insurance Card
- Drivers License
- Method of Payment

\_\_\_\_\_ **Appointments:**

- **You MUST arrive for your appointment 15 minutes early or you will be asked to reschedule.**
- Please inform the receptionist of any demographical changes (e.g. phone number, address, email, etc) or financial changes (e.g. insurance information, etc). Failure to notify us immediately of changes in demographical or financial information may result in denial of your medical claim(s) by your insurance provider, thus increasing your financial responsibility for any services provided by our practice.
- It is your responsibility to verify that the physician you are seeing is currently participating with your insurance plan and that you have obtained all necessary referrals **BEFORE** your scheduled appointment. Failure to confirm this may result in your responsibility for any and all charges.
- **24 hours notice is required to cancel and/or reschedule all appointments. Failure to do so will result in a cancellation fee charged to the patient.**

\_\_\_\_\_ **Minor Patients:**

- The parent(s) or guardian(s) accompanying a minor are both responsible for providing current insurance information for the minor; as well as, payment of any copay or balance due.
- Parent(s) or guardian(s) must have an Authorization for Medical Treatment form signed each time a minor arrives unaccompanied for an appointment.

\_\_\_\_\_ **Medicare / Medicaid Patients:**

- Medicare requires that we provide patients with a written notification (Advance Beneficiary Notice) whenever it is likely that you will be responsible for a bill.
- **Medicaid/ IDPA Patients MUST bring a current insurance card each visit.** Failure to present a current insurance card at check-in will result in rescheduling of the appointment.

\_\_\_\_\_ **Lab / Hospital Charges:**

- Any service(s) provided by a lab or hospital is a contract between you and that lab or hospital. Any dispute with lab or hospital charges should be directed to and resolved by the lab or hospital; dispute resolution is not the responsibility of our practice.

\_\_\_\_\_ **Insurance:**

- It is the patient's responsibility to understand their insurance coverage.
- Your insurance coverage and benefits are a contract between you and your insurance company; therefore, all disputes must be handled between you and your insurance.

\_\_\_\_\_ **Payment in full is due at the time services are rendered:**

- Co-pays and all non-covered services are the insured/patient's financial responsibility and are due during the check-in process. Failure to produce payment may result in your appointment being rescheduled.
- Past due balance's are required to be paid prior to any further services provided by our office unless other arrangements have been made with our Patient Financial Services Department. Failure to pay any past due balances will result in restricted services for you and your family.

\_\_\_\_\_ **Payment Plans:**

- In certain cases, our practice will consider establishing a structured payment plan. Each case is reviewed individually to determine eligibility and establishment of a structured payment plan and is at the sole discretion of the practice.
- Please contact our Patient Financial Services team to have your case considered for a structured payment plan.

\_\_\_\_\_ **Collections and Outstanding Balances:**

- Delinquent accounts may be placed with a collection agency and may be subject to legal action. In the event that your unpaid balance is turned over to a collection agency for recovery or legal action is warranted, collection and attorney fees; as well as, court costs will be added to your balance.
- Returned checks will incur a \$25.00 service fee.

\_\_\_\_\_ **Disability, FMLA, School, Camp and Sports forms**

- Completion of Disability or FMLA forms will incur a fee of \$25.00 for EACH completed form.
- Completing a School, Camp, or Sports form separate from an office visit will incur a fee of \$25.00 per form.

\_\_\_\_\_ **Medical Records (paper copy or electronic copy)**

- If a paper copy is requested, the following fees will be incurred: a \$24.81 handling fee, plus a per page fee as follows: \$0.93 for pages 1-25, \$0.62 for pages 26-50 then \$0.31 per page for each page over 50. These fees are the responsibility of the patient. Within 10 business days of payment receipt, a paper copy will be provided.
- If an electronic copy is requested, the following fees will be incurred: a \$24.81 handling fee, plus a per page charge of 50% of the per page charge for paper copy. Within 3 business days of payment receipt, a CD Rom will be provided.

**Our Patient Financial Services office is open Monday–Thursday 8am to 5pm & Friday 8am to 4pm**

**As a courtesy to our patients, we accept Visa, MasterCard, Discover, and American Express**



Please sign below to confirm that you have read and understand the Financial Policy that has been provided to you by Fox Valley Women & Children's Health Partners.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_