



FINANCIAL POLICY

Thank you for choosing MacNeal Hospital Family Medicine Residency as your healthcare provider. We are committed to providing you and your family with the best available medical care. In our ongoing process to make sure that all your medical needs are met, our billing department will be available to discuss our fees and this policy with you.

We ask that all responsible parties read and sign our financial policy as well as complete the patient information forms prior to seeing the physician.

Payments for all services will be due at the time services are rendered. In order to serve you better, we accept cash, check, Visa, MasterCard, Discover, and American Express. As a courtesy to you, it is the policy of MacNeal Hospital Family Medicine Residency to bill your insurance carrier, although you are ultimately responsible for the entire bill. As the responsible party, please understand:

(PLEASE INITIAL THE FOLLOWING)

_____ 1. Your insurance policy is a contract between you, your employer, and the insurance company. We are not a party to that contract. Our relationship is with you, not your insurance company. We will not become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance and "usual and customary" charge. As your medical provider, we will only supply factual information to facilitate claim processing.

_____ 2. Fees for services, which include unpaid balances, deductibles and co-payments, are due at the time of service. Returned checks and unpaid balances may be subject to collection placement and collection fees.

_____ 3. All charges are your responsibility whether your insurance company pays or does not pay. If your insurance carrier does not remit payment within sixty days, the balance will be due in full from you. If any payment is made directly to you for services billed by MacNeal Hospital Family Medicine Residency, you recognize an obligation to promptly remit payment to VHS of Illinois, INC.

_____ 4. I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, after such default and upon referral to a collection agency or attorney by VHS of Illinois, INC, I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees, and attorney fees.

_____ 5. The above does not apply for those patients that are considered Workers' Compensation. However, be advised that as a compensation patient you may be held responsible for charges in the event that your claim is controverted.

At MacNeal Hospital Family Medicine Residency, we understand that financial problems may affect timely payment, so we encourage you to communicate any such problems to us, so that we may assist you in keeping your account in good standing. If you have any questions, please call the Billing Office at (708) 783-2463.

ASSIGNMENT OF BENEFITS AND MEDICAL RECORDS RELEASE

I hereby authorize my insurance benefits to be paid directly to the above signed physician realizing I am responsible to pay non-covered services and I hereby authorize the release of pertinent medical information to insurance carriers.

I have read and understand the above information and will be responsible for the patient listed below.

Printed Name of Patient: _____

Date of Birth: _____

Signature of Patient or Responsible Party

Date