

**OFFICE AND FINANCIAL POLICY**

Every patient has a choice of medical providers and we welcome each patient that chooses DuPage Surgical Consultants, Ltd. This policy is intended to educate and clarify the responsibilities of the patient, your insurance (if appropriate), and our office in processing your claims and payments. To receive an updated copy of this policy or if you have any questions, please contact the Patient Accounts Dept. at (630)668-0833.

**GENERAL FINANCIAL RESPONSIBILITIES:** As a patient, you are responsible to pay for your share of costs at the time of service. For office appointments, this includes your co-pay amounts if you have insurance and payment in full if you are an uninsured or self-pay patient. If surgery is to be scheduled, a payment authorization for your share of costs is required prior to your surgery. Please bring your payments at each appointment to avoid the need to reschedule.

**PAYMENT OPTIONS:** We accept most payment options, including: Cash, Check, and Credit (Visa, MasterCard, Discover).

**NO INSURANCE/SELF-PAY:** If you are a self-pay patient, please contact the Patient Accounts Dept. prior to your appointment to review your payment options. Payment is due in full prior to services being rendered.

**INSURANCE:** We participate in many insurance plans as a contracted provider which allows your insurance carrier to process your claims as “in-network”. Even if we do not participate in your plan, you can still choose to see one of our physicians. If your insurance provides out-of-network coverage for non participating providers, your claims will be processed as “out-of-network”. Patients presenting any other plan or program that we do not participate in will be considered a self-pay patient.

Patients are responsible for understanding their health plan benefits. We offer assistance to help you understand your financial responsibility and we highly recommend that you contact your insurance carrier prior to receiving any services in order to determine your level of coverage.

**Co-pay amounts** - It is our responsibility, as a provider contracted with your insurance carrier, to collect any co-pay amounts at the time of your appointment. Co-pays cannot be waived by our practice as it is a requirement placed on you by your insurance carrier. Please have your payment for a specialist physician at each appointment to avoid the need to reschedule your appointment.

**Surgical Payment** – Patients are responsible to contact the Patient Accounts Department prior to surgery to review insurance benefits and to authorize a method of payment for the patient’s share of costs for any deductible, co-insurance and any services not covered by insurance.

**Filing claims** - As a courtesy to our patients, DSC will file insurance claims on your behalf, assuming that you have provided us with all required information. Your insurance carrier will then process the claim and send you an explanation of medical benefits (EOB), which explains what insurance has paid and the remaining balance due from you. Note, if your insurance refuses or delays payment, or covers only part of the bill, you remain responsible for timely payment of the remaining balance to DSC and for contacting your insurance to file any appeals.

**MEDICARE:** Medicare law requires that Medicare patients pay any unpaid portion of their deductible and the 20% coinsurance that is not paid by Medicare or any secondary insurance that you present. Note, third party liability claims (workers’ compensation, auto insurance, etc.) are always filed before Medicare claims.

**OFFICE AND FINANCIAL POLICY cont'd**

**HMO or POS (Referrals):** For HMO and POS insurance plans, patients are required to obtain a referral from their Primary Care Physician (PCP) before receiving services from another provider. Any services rendered without a proper referral remain your responsibility. Please bring any referral with you.

**WORKERS' COMPENSATION:** If your injury is work-related, please contact your employer before scheduling an appointment. DSC must have a written authorization "to consult" from your employer's Workers' Compensation insurance company before services are rendered. Failure to report this injury to your employer may result in claims being denied. Denied claims remain your financial responsibility.

**AUTO ACCIDENT INJURY / THIRD PARTY LIABILITY:** If your injury is due to an automobile accident, you are responsible for all services rendered regardless of any claims or pending legal actions.

**Filing claims** - DSC will file claims on your behalf only if you are utilizing your own personal auto insurance and they agree to pay DSC directly.

**60 days max** - If you are pursuing compensation from another party's auto insurance or other third party liability, DSC will provide you with the necessary information to file your own claim. Reimbursements are usually paid directly to you from these parties and not to DSC. Therefore, you are responsible to pay DSC in full within 60 days from the date of service regardless of the third party claim status.

**FEES:** With the current economic challenges and the increasing number of requests, DSC charges a nominal fee, within the limits allowed by law, to cover the costs of returned checks, medical record requests, disability and other insurance forms required by your employer.

**Returned Checks** - A \$30.00 charge will be added to your account for any check returned by your bank for any reason.

**Medical Records** - A copy of your medical records can be provided upon receipt of a written authorization of release signed by the patient or guardian. Healthcare providers are allowed 30-60 days to respond to each request. A nominal fee will be charged to cover the costs of fulfilling each request in compliance with Illinois statutes.

**Disability or Insurance Forms** - There will be a charge of \$15.00 - \$35.00 for the completion of medical forms. The charge is based on the number of pages and the complexity of information requested. Payment is due at the time you pick up the forms. Please allow 7-10 days for the completion of these forms.