

## Financial Policy

Thank you for choosing our facility. We are committed to providing you the best possible medical care services. To ensure this goal is met, we need your commitment to understand and abide by our current payment policies.

Financial hardship should never prevent you from receiving necessary medical care. Please ask to speak with our Patient Financial Advocate if you are not able to make full payment of your financial responsibility at the time of service. **All payment arrangement requests must be made prior to service.**

## Insurance

It is your responsibility to provide us with current insurance information and to present an active insurance card and photo ID at each visit. As a courtesy to you, our staff will contact your Insurance Company to obtain Authorization or Precertification of procedures scheduled by our staff. **However, it is your responsibility to know and understand your plan's covered services.** Please review your policy carefully and do not hesitate to call the number on your card with any questions you may have. You are responsible for any and all charges and fees not covered by your insurance policy.

If your insurance company deems a service to be "non-covered" under the plan design, it is your responsibility to either work with your insurance carrier to reconsider coverage determination and/or be obligated to pay for the services.

## Patient Financial Responsibility

Patient financial responsibility is due at time of service. Your insurance company requires us to collect a copayment from you. You may also have an unmet deductible that you are responsible to pay at this visit as well. Payment of your portion of the financial obligation is expected at the time of service. Any account with a balance remaining after insurance is processed will receive a patient statement. Payment of any remaining balance is due upon receipt of this statement.

If you do not have insurance, you may be eligible for a self-pay same day discount, the amount of which will vary depending on the nature of your visit.

We will provide you with an estimate of your payment responsibility prior to your appointment whenever possible and appropriate. This estimate of your patient responsibility may be collected before your scheduled procedure. This is an **estimate** and does not guarantee benefits and there may be additional liability based on insurance adjudication of claims.

Patients with an existing overdue balance are required to speak with the Patient Financial Advocate prior to scheduling their next appointment. We accept cash, personal checks, VISA, Mastercard and Discover.

## Canceled Appointments

If you are unable to keep your scheduled appointment, please call our office 24 hours before your appointment to reschedule. This will allow time to provide that time slot to another patient. We reserve the right to charge \$20 for appointments that are not canceled at least 24 hours in advance.

(over)

**555 N. Kellogg St. Galesburg, IL 61401**  
**Phone: 309-973-4137 Fax: 309-973-4931**

## **Past Due Accounts**

Accounts more than 30 days past due may receive a past due notice and a courtesy call. We reserve the right to add a 5% processing fee on all past due accounts. Past due accounts may also be referred to an outside collection agency.

There is a \$25 fee for all returned checks.

Please call if you have any questions about your account. Most concerns can be resolved quickly and easily, and your call will prevent any misunderstandings.

## **Contacting Us**

Billing: 800-444-6110

General: 309-973-4137

Patient Financial Advocate: 309-973-4137

