

Ravinia Associates In Internal Medicine, LTD. Financial Policy

Thank you for choosing Ravinia Associates as your medical provider. We are committed to providing you with quality and affordable health care. Our practice financial policy is as follows:

1. Insurance. We participate in many insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is required at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit may be required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Contact your insurance company directly for any questions regarding your coverage. By signing this form you authorize RAIM to release the necessary information in order to complete and process your insurance claims.

2. Co-payments and deductibles. All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. **A \$20 processing fee may be added to your account for all co-pays not paid at the time of service.**

3. Noncovered services. I understand that some, and perhaps all, of the services I receive may not be covered by my insurance or not considered reasonable or necessary by Medicare or other insurers. I agree to pay for any services which have been determined by my insurance plan to be "non-covered". Payment in full for these services is generally due at each visit.

4. Updates. Our staff will ask you to verify your billing information at each and every visit. Current information is essential in order for us to contact you regarding your treatment and for obtaining timely payment from your insurance company.

5. Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply in a timely manner with their request. Please be aware that the balance of your claim is your responsibility, whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company.

6. Coverage changes. If your insurance changes, please notify us as soon as possible so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 90 days, the balance may be billed to you.

7. Nonpayment. Please be aware that if a balance remains unpaid after 60 days, and you have made no attempt to make payment arrangements we may refer your account to a collection agency, and you may be discharged from this practice. If this occurs, you will be notified by certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will be able to treat you on an emergency basis only. A \$30.00 processing fee will be added to your account if it becomes necessary for Ravinia Associates to refer your unpaid balance to an outside collection agency.

8. Missed appointments. You may be charged for a missed appointment if you do not notify us at least 24 hours prior to your scheduled appointment time. GI procedures must be canceled at least 72 hours prior to your scheduled appointment to avoid a service charge. Please help us to serve you better by keeping your scheduled appointment.

9. Returned checks (NSF). You will be charged a \$30.00 processing fee for any personal check returned for nonpayment.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date

MRN: _____

EMAIL: _____