

Chicago Women's Health Group Patient Financial Policy

Thank you for choosing **Chicago Women's Health Group** as your health care provider. Our primary mission is to provide our patients with outstanding medical care. Your clear understanding of our **Patient Financial Policy** is important to our professional relationship. Carefully review the following information and return this form with your signature and today's date. Please ask if you have any questions about our fees, our policies and/or your responsibilities.

You will be asked to fill out a new patient demographic form at your first visit. Please notify our office at your follow-up visit(s) if any of the information has changed.

All self-pay services must be paid prior to your visit. Please see the billing department when you arrive for your appointment.

As a courtesy to you, we file your claims to your insurance company. Amounts not covered by your insurance are your responsibility. All co-payments must be paid at the time of your visit. If you are not prepared to pay your co-pay, your appointment may be rescheduled. Payment of your balance after insurance is expected within **30** days unless payment arrangements have been made with our billing department. We accept cash, checks, Visa, Master Card, Discover and American Express. There is a \$25.00 fee for checks returned due to insufficient funds. If you do not understand your statement or have questions regarding your balance, please feel free to contact our Billing Office at 312-943-0282 option 3 for clarification.

Additional Notes

Appointments must be canceled or rescheduled at least 24 hours prior to your appointment time or you will be subject to a \$50 fee. We have reserved an appointment time for you and most likely will not be able to fill it at the last minute.

If you require a procedure or surgery, our surgery coordinator will be in touch with you to discuss your insurance benefits during the surgery scheduling process. Depending upon your insurance coverage, we will be requesting a minimum deposit of \$500 prior to your surgical procedure.

If you have any questions regarding billing, please contact our billing department at 312-943-0282 option 3 from 8:00 am to 4:00 pm. Additionally, you are always welcome to stop by our office when you are here for an appointment. We are happy to assist you!

Signed _____ Date _____