

Northwest Suburban Urology Associates, S.C. (NSUA)

Financial Policy

Thank you for choosing Northwest Suburban Urology associates (NSUA). We are committed to providing you with quality healthcare services. Please understand that payment of your charges is considered a part of your service. The following is a statement of our Financial Policy, which you are required to read and sign prior to receiving any services.

All patients/clients/guarantors must complete our registration information form and provide insurance information where applicable prior to seeing our healthcare providers.

- Full payment is due at time of service if you do not have insurance
- We accept Cash, Check, Visa/MasterCard or Discover

Usual and Customary Rates

Our practice is committed to providing the best service for our patients and we charge what is considered. If we are not in- network with your insurance plan you are responsible for full payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Adult Patient

Adult patients are responsible for full payment at time of service for any co-payments, deductible, non-covered services or co-insurance amount.

Minor Patients

The adult accompanying the minor patient and the parents (or guardians of the minor) are responsible for full payment of ant co-payments, deductible, non-covered services or co-insurance amount not covered by your insurance.

No Show Appointments

Please help us serve you better by keeping your scheduled appointments. We make every effort to honor all appointment times. Please call out office at 847-593-0404 at least 48 hours prior to your scheduled appointment if you need to cancel or reschedule your appointment. If we do not receive a call at least 48 hours prior to your scheduled appointment your account will be accessed a \$50.00 no-show fee for all established patients. We expect to be paid within five (5) business days and prior to scheduling another appointment.

Regarding Insurance

We Accept assignment of insurance benefits for many different insurance carriers. We ask all our patients to verify with their insurance company prior to treatment if our provider is considered in-network for the scheduled appointment. If there is a patient balance due to co-payments, co-insurance, deductible or non-covered services it is the responsibility of the patient or guarantor whether your insurance company pays or not to satisfy this outstanding amount. We cannot bill your insurance company unless you give us accurate insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment benefits, we require you to provide a credit card with authorization to bill that credit card for any outstanding balance. If your insurance company has not paid your account in full within 45 days from the date of our original submission of your claim, the balance will be automatically transferred to your credit card. Please be aware that some, or all of the services provided may be non-covered services which then become your financial responsibility.

Regarding insurance plans where we are a participating provider, all co-pays, outstanding co-insurance amounts and unmet deductibles are due prior to service. In the event that your insurance coverage changes to a plan where we are not participating providers, refer to above paragraphs. Please notify our receptionist of any change in your insurance at each visit.

NSF Charges

Beginning April 1, 2009, Northwest Suburban Urology Associates will charge a \$40.00 NSF fee to our patients whose checks are returned due to Non-Sufficient Funds (NSF).

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Northwest Suburban Urology Associates, S.C. Financial Policy and agree to the terms within.

X _____
Printed Name of Patient/Client or Guardian

X _____
Today's Date

X _____
Signature of Patient/Client or Guardian