

Healthsmart of Illinois Financial Policy

Thank you for choosing Healthsmart as your health care provider. Along with our commitment to provide you quality healthcare, we strive to maintain responsible, cost-effective measures and meet compliance requirements. The following is a statement of our Financial Policy which we require you to read and sign before receiving services at our facilities. We encourage open communication about all matters related to your care so do not hesitate to ask our staff about any concerns or questions.

At the time of service: You are responsible for full payment of all services provided. As a courtesy, we will submit your claims to your insurance company if we have complete insurance information on file. Any reimbursement owed will be made directly to the insured. You are responsible for making sure we have current information on file to submit your claims. There will be a charge of \$5 per claim that will be applied if Healthsmart is requested to refile an insurance claim due to incorrect insurance information on file.

If you prefer to file your own claims we will provide you with a receipt that you can send to your insurance for reimbursement.

For your convenience we accept Visa, Master Card, and Discover, as well as cash and checks.

Medicare Patients: Dr. Dickholtz is a non participating Medicare provider. Patients under active or maintenance care are responsible for paying all covered and non covered services at time of service. If reimbursement is due Medicare will issue payment to the insured.

Work-Related and Auto Accident Injuries: All injury claims are self pay. We do not accept or bill to third party insurance. Full payment is due at the time of service and a receipt will be provided to you for your own submission to the responsible parties insurance.

Miscellaneous Charges: Supports, pillows, and supplements require payment at the time of service. Due to the materials and staff time involved, fees are charged for certain services, i.e., copies of medical records, narrative reports by the physician, and medical testimony for depositions and/or trials. Please ask the staff for further information if you require these services. These services require payment at the time of the request. Also, please be aware there is a \$25 fee for a check which is returned for any reason.

Usual and Customary Rates (UCR): Our fees are within the usual and customary rates for our area. Regardless of your carrier's determination of UCR's, you are responsible for payment in full. It has been our experience that insurance companies' UCR determinations are often outdated, arbitrary, or otherwise inaccurate.

Payment Plans: There are treatment packages available. For more information please ask one of our staff.

Past Due Accounts: If you are experiencing financial difficulties, we encourage you to contact us and we will work with you to arrive at a mutually satisfactory option. In cases where an account is seriously past-due or the patient has shown unwillingness to make reasonable payment efforts, the account may be referred to an outside collection agency with a 25% processing fee. In the event litigation is necessary, the patient is responsible for court costs and attorney fees.

I understand that as the recipient of healthcare, I am ultimately responsible for all charges regardless of my circumstances for reimbursement. To the best of my knowledge and ability, I agree to supply any information requested in order to initiate, support, and expedite the claims/billing process.

I HAVE READ AND AGREE TO THE TERMS OF THIS FINANCIAL POLICY & AGREEMENT.

Date

Signature of Responsible Party