



ALGONQUIN ROAD SURGERY CENTER, LLC

Patient Centered. Extraordinary Care.

FINANCIAL POLICY

Thank you for choosing Algonquin Road Surgery Center as your healthcare provider. As part of your care, we need to inform you about the charges for the services that will be rendered and your obligation to pay the charges that may not be covered by your insurance carrier.

On the day of your surgery, please provide us with a copy of your most recent insurance card and a picture I.D. Incorrect information will delay or withhold payment from your insurance company. **Your co-pay, co-insurance and unmet deductible, if any, are due in full the day of your surgery.**

1. Prior to surgery we have made every attempt to contact your insurance company to verify your insurance coverage and benefits due to our facility; however, this is in no way a guarantee of payment by the insurance carrier. The insurance company makes final determination of payment after a claim is submitted and reviewed by them.
2. Our facility fees cover **only** charges billable by Algonquin Road Surgery Center. You may also be billed separately for anesthesia, lab, pathology and/or durable medical equipment services. We do not bill for these services. We **do not** verify insurance for these services. Any questions regarding these services should be directed to that particular entity. **It is the patient's responsibility to know the coverage and limitations of their insurance policy.**
3. Current Illinois state law requires insurance carriers to make payment within 30 days of receiving a claim. If we have not received payment within that time period, we will resubmit your claim and/or call your carrier. If payment is not received after 60 days, we will send a statement to you advising you of that fact. You should contact your insurance carrier to help expedite payment. At this time the account balance becomes your responsibility.
4. We offer an extended payment plan through Care Credit for patients that are approved allowing up to 18 (eighteen) months interest free for those patients unable to pay their balance in full at the time of service; please contact the billing department prior to your surgery date to arrange this. For more information regarding Care Credit call 800-859-9975 or feel free to contact our billing office at 847-458-1246.
5. We accept cash, personal checks, Visa, MasterCard and Discover. We offer a courtesy discount for self-pay patients if they pay in full at the time of surgery.
6. In the event of default or nonpayment, Algonquin Road Surgery Center shall be entitled to the right of recovery of all collections expenses, including court cost and reasonable attorney's fee for the purpose of securing payment. It is further agreed that any credit balance may be applied on any other account owed Algonquin Road Surgery Center by the guarantor/responsible party, or any open account for his/her dependent family.

Thank you for your understanding and acceptance of our Financial Policy. Please contact the billing office if you have any questions or concerns regarding this policy (847-458-1246). Our goal is to serve you in the best way we can and make your stay with us as stress free and pleasant as possible. Signing below is acknowledgement of the above policies.

ALL ACCOUNTS MUST BE PAID IN FULL WITHIN 90 DAYS

Signature of Patient/Responsible party

Date

By adhering to our financial policy, it allows Algonquin Road Surgery Center the ability to reduce healthcare cost and pass savings through to our patients.

PATIENT RIGHTS/RESPONSIBILITIES

FORM #6013 (Revised 05/09)



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General Consent and Acknowledgement Form

Consent for Treatment

I consent to evaluation and treatment of the condition for which I, my child, or my dependent have come to Algonquin Road Surgery Center. I understand that the practice of medicine is not an exact science and, therefore, no guarantees have been made or can be made regarding the likelihood of success or outcome of any diagnosis, treatment, test or examination performed at Algonquin Road Surgery Center.

Consent for Release of Information

I understand that Algonquin Road Surgery Center will use and disclose my health information for the purpose of treatment, payment, and healthcare operations, as permitted by law as described in the Algonquin Road Surgery Center *Notice of Privacy Practice*. Certain information can be used without obtaining my consent. I fully understand that the use of disclosure of my health information may include history, diagnosis, and/or diagnostic treatment of medical conditions. I understand that if I refuse to allow disclosure of my health information to process my insurance claim, I may be financially responsible for all cost incurred by me for treatment. I agree to release and hold harmless Algonquin Road Surgery Center, its agents, employees, and physicians from any liability that may arise from the use or disclosure of my health information.

Patient Information Received

Patient Billing Information (on reverse side of this form) Yes

Permission to Call

You may call me at home and leave messages. Yes No
You may call me at work and leave messages. Yes No

Release for Liability for Valuables

_____ I understand my belongings are my responsibility and I have been advised to leave my valuables at home.

(Initials)

I release Algonquin Road Surgery Center from any liability for the loss, damage to or theft of any of my belongings.

Release of Medical Information

I also authorize the release of medical information and appointment information to the following person(s).

I certify that I received and reviewed the Medicare Conditions for Coverage Notification, which include Patient Rights and Responsibilities and Listing of Physician Ownership/Interests prior to today's date.

Patient Signature _____ Date _____

Parent/Guardian _____ Date _____

Witness Signature _____ Date _____

ILLINOIS STATE REQUIREMENT QUESTIONS

Please mark the appropriate box per questions below. Information is needed for Illinois State reporting.

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other

Ethnicity

- Hispanic or Latino Ethnicity
- Non-Hispanic or Non-Latino Ethnicity