

**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 and/or co-insurance, 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 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. **It is the patient's responsibility to know the coverage and limitations of their insurance policy.**
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.
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; please contact the Billing Department at 847-960-1042 to arrange this or for more information regarding Care Credit call 800-859-9975.
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 costs and reasonable attorney's fees for the purpose of securing payment. It is further agreed that any credit balance may be applied on any other account owed to Algonquin Road Surgery Center by the guarantor/responsible party, or any open account for his/her dependent family.
7. In the event your account is turned over to collections, a **19%** collection fee added to your account balance with Algonquin Road Surgery Center.
8. I authorize the release of billing/financial information regarding my account to the following person(s)  
(i.e. parent, spouse, significant other) \_\_\_\_\_.

Thank you for your understanding and acceptance of our Financial Policy. Please contact the Billing Department at 847-960-1042 if you have any questions or concerns regarding this policy. Our goal is to serve you the best way we can and make to 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 or Guardian

\_\_\_\_\_  
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.