



FINANCIAL POLICY

Welcome to Lake Cook Orthopedics. Your health is our primary concern. In order to serve you better, we need to work within the rules of many insurance plans. We have therefore developed this financial policy in an effort to anticipate most of the situations our patients might encounter.

MINOR PATIENTS:

We need permission from a child's parents (or guardians) in order to treat a child. Arrangements for payment must also be made, by the adult, within the following guidelines. These guidelines apply for all other (non-minor) patients as well.

RED FLAG RULES:

It is the policy of Lake Cook Orthopedics to follow all federal and state laws and reporting requirements regarding identity theft. Specifically, this policy outlines how LCOA will (1) identify, (2) detect, and (3) respond to "red flags." A "red flag" as defined by this policy includes a pattern, practice, or specific account or record of activity that indicates possible identity theft.

When a patient calls to request an appointment, the patient will be asked to bring the following at the time of the appointment:

- Driver's license or other photo ID
- Current health insurance card
- Utility bills or other correspondence showing current residence if the photo ID does not show the patient's current address.

If the patient is a minor, the patient's guardian should bring the information listed above. If the patient has not completed the registration form within the last six months, registration staff will verify current information on file and, if appropriate, update the information.

INSURANCE:

Many types of insurance are currently available. Some of our patients are insured under traditional insurance, HMOs (Health Maintenance Organizations), PPOs (Preferred Provider Organizations), workman's compensation, Medicare, or other varieties of insurance. Some patients are not covered by insurance.

Most insurance plans are contracts between a patient and the insurance company. The bills are the responsibility of the patient. As a courtesy, we will work with you to help you receive maximum benefits. Some parts of the fees are due at the time of service. Specifically, co-payments must be paid at the time of service. We will help you by billing your HMO, PPO, workman's compensation, Medicare (and any secondary insurance), and some other types of insurance. You must therefore bring the information needed to submit bills. This may include insurance cards, claim numbers, accident date, case manager's name and phone number, and any other identifying information. Details of the billing process for many insurance circumstances are outlined in the following sections.

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If your insurance has not paid your account in full within 45 days, you are required to pay the outstanding balance. Accounts past due greater than 30 days will be assessed a \$5 service charge per month until fully paid.

MEDICARE:

If you are insured by Medicare or Medicare Railroad Retirement, we will bill for you. We will also bill your secondary insurance carrier after Medicare has sent an EOB (explanation of benefits). You must provide us with the insurance company's name, mailing address, policy/group number, identification number and appropriate claim number.

HMOs:

As specialists, we are on the panel of several HMOs, either through Advocate Health Partners or Tri County Physician's Association. Each HMO has its own rules, which you and we must follow. You are responsible for knowing the rules of your particular plan. Some general and common rules involve referrals and co-payments (co pays). We cannot see patients insured by HMOs without a "referral form". These come from your primary care physician and must be available at the time of your visit. They must include all the services you might need. For instance, follow-up fracture care usually involves taking x-rays. Therefore, your referral for a fracture follow-up visit must include authorization for x-rays. Primary care physician's offices are not always open at the time of your office appointment with us. Therefore, your referral form should be obtained prior to your appointment with us.

You will usually need a separate referral for each visit with us. Co-payments are due at the time of your visit, so be prepared to pay them at that time. We will bill the HMO insurance for your charges. If you need other services (physical therapy, imaging studies, durable medical equipment, etc.) you will almost always require a referral for those also.

PPOS:

As specialists, we are on the panel of several PPOs (Preferred Provider Organizations). Each PPO has a predetermined fee schedule, and each PPO has different rules about co-payments, deductibles, pre-certification and coverage. You are responsible for knowing your plan's details. In most cases we will submit bills for you. All co-payments are due at the time of service.

ACCIDENT OR THIRD PARTY:

If you have been injured and there is third party insurance, such as automobile insurance, your bills are your responsibility. We will help you file claim forms. You must provide us with the necessary information: claim number, date of accident, insurance company name and address, adjuster's name and contact information, and any other needed information.

WORKMAN'S COMPENSATION:

If you have been injured at work it is your responsibility to arrange for payment of your bill. We will help you file claim forms. You must provide us with the necessary information: claim number, date of accident, insurance company name and address, adjuster's name and contact information, and any other needed information.

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MEDICAID:

We do not accept Medicaid. Public Aid from the State of Illinois has extremely poor reimbursement, notoriously burdensome paperwork and extreme delays in payment. Therefore, we choose not to participate in it. This is within our right and within the law.

We are, however, very mindful of our duty to treat those seen in the emergency room when we are on emergency room call at Good Shepherd Hospital, which is the only hospital staff of which we are members. We will see patients from that institution’s emergency room, but will determine ourselves the timeliness needed for each case based on our review of the facts as presented by the Good Shepherd Hospital Emergency Room staff and records.

We also choose to continue the time-honored tradition of charity care to give back to our community, as medical professionals have done for centuries. However, we reserve the right to decide for ourselves the financial need and the patient’s ability to pay, as any business would do if you were seeking secured or unsecured debt. The decision to grant charity will reside with the individual physician. We must note that we, as physicians, are one of the few institutions in our modern society that will give our services away for free for those in need, and we do so gladly. But we would ask that you, as the recipient of that gift, realize you have not received an entitlement, but something we have given to you in your time of need. We will in many cases work out a payment plan based on your assets and your employment. We would only ask that you honor that pay schedule once it has been fairly determined by our billing staff and notify us when your financial situation has changed.

CHANGE IN INSURANCE STATUS:

If your insurance status changes, it may require extra insurance filing and work. For instance, you may first inform us to use your health insurance, and subsequently decide it should be filed as workman’s compensation. There will be additional charges due at the time of the second filing in these circumstances. These fees will be commensurate with the work involved and start at \$50 per claim.

MISSED APPOINTMENTS:

Unless canceled 24 hours in advance, our policy is to charge for missed appointments. Please help us serve you better by calling to cancel appointments. We can then use that time for other patients. This will decrease the waiting time for appointments.

Unless other arrangements are made (as detailed in the preceding sections) FULL PAYMENT IS DUE AT THE TIME OF SERVICE. We accept cash, checks and credit cards (Visa/MasterCard/American Express).

ACKNOWLEDGEMENT:

I have read the above Financial Policy, which I understand and agree to.

X _____
Signature of Patient or Responsible Party Date