



ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

Welcome to Lake Cook Orthopedics and thank you for choosing us as your care provider. Your health is our primary concern. Please understand that payment of your bill is considered part of your treatment. Should you have health insurance, it is your responsibility to provide us with complete, accurate, and up to date information in order for us to successfully bill your insurance company. Here are some key components of our Financial Policy:

Identification/Self Pay:

- Proper photo identification must be presented prior to service being rendered.
- Current insurance cards must be presented at each visit prior to service being rendered.
- Unless other arrangements have been made prior to service being rendered, full payment is due at the time of service. We accept cash, check & all major credit cards.

Commercial Health Insurance/HMOs:

- Co-payments will be collected prior to the service.
- Co-insurance/deductible amounts will be billed after the date of service.
- LCO does not participate with every commercial insurance plan. As the owner of your policy, you are responsible for verifying that we are an in-network provider.
- It is the patient's responsibility to understand their benefits. We encourage you to contact your health plan with questions about your coverage/benefits.
- HMO plans require a referral for every visit with our office. It is the patient's responsibility to obtain necessary referrals.
- Each HMO referral must list each complaint and each possible treatment.

Medicare:

- We accept Medicare assignment. As a Medicare patient, you are responsible for the difference between Medicare's approved charge and the amount Medicare pays. This includes your deductible and charges for any service not covered by Medicare. If you have supplemental insurance, we will bill it directly for you. You will receive a bill after your insurance(s) has/have paid.

Workers Compensation/Motor Vehicle Accidents:

- LCO will bill Worker's Comp/MVA but it is your responsibility to supply us with the correct contact and billing information prior to services being rendered. It is including but not limited to; auto insurance, third party & attorney info.
- Patients shall be financially responsible for any and all services related to third party liability. LCO does not bill third party.
- We require a copy of health insurance to bill in case worker's comp denies coverage or auto med pay is exhausted.

Failure to honor your financial obligation to Lake Cook Orthopedic Associates in accordance with this signed agreement will result in your account being referred to collections and termination of the treatment relationship in accordance with regulations that govern ethical medical care. All fees and/or costs related to collection of your account will be applied (i.e. agency fees, court costs, attorney fees, etc.) The costs of collections include a \$25 collection agency fee and/or up to 50% of collections cost. I agree to pay Lake Cook Orthopedics a \$25 NSF fee for any returned checks. I agree to pay Lake Cook Orthopedics a \$50 no show fee for any MRI service, Hip injection or Epidural injection, \$25 for any therapy service & \$75 for an EMG procedure that I do not call and cancel/reschedule within 24 hours. I hereby authorize my attorney to pay Lake Cook Orthopedics any outstanding balances due immediately upon receipts of any Workers Compensation and/or Third Party Insurance settlements.

ACKNOWLEDGEMENT: I have read the above financial policy, which I understand and agree to.

Name of patient: _____

Signature: _____

Date: _____

(Signature of patient, parent or legal guardian)