

Patient Responsibility for Fees Policy

Thank you for choosing M. Chavez, MD, SC (the "Clinic")! We believe that good quality care begins with great communication and transparency. We have created this policy to help you (and your family) understand your financial responsibility when it comes to payment of our fees. Please understand that our contract for services is with you, and it is our policy that you are responsible for our fees regardless of insurance coverage.

All payment is expected at the time of service. Payment at the time services are rendered is expected unless other arrangements have been made in advance of your appointment. This includes applicable coinsurance and copayments for participating insurance companies. The Clinic accepts cash, personal checks (in-state only), VISA, and MasterCard. **There is a \$25.00 service charge for returned checks.**

Unpaid balances. You will receive statements and reminders or calls for all balances pending and owed by you. You agree to receive these communications. No future well/prevention visits will be scheduled if your open balance is 90 days or more overdue. We realize that financial difficulty is a reality. In such circumstances, we can assist you with a payment plan that meets both our needs. You also have the option of seeking care or immunization through an FQHC (federally qualified health center) or health bureau.

Credit / Debit card authorizations. All patients are asked to supply the Clinic with a valid credit or debit card prior to the first visit to ensure timely medical care, prevent payment delays and non-payment by insurance. By providing us with a credit card, you acknowledge and agree that M. Chavez, MD, SC (the Clinic) has your authorization and permission to apply any charges deemed to be your responsibility to the credit card on file without obtaining any further or continued authorization. Please complete the requested information at the end of this form.

Insurance. We bill participating insurance companies as a courtesy to you. Your role is to pay your deductible, copayments and other outstanding balances at the time of service unless arrangements are made in advance of your appointment. If we have not received payment from your insurance company within 45 days of the date of service, you will be expected to pay the balance in full. Your responsibilities include assurance that all charges are paid whether by you or by your insurance carrier. We do not bill secondary insurance companies. Your time-of-service receipt includes all information necessary for submitting claims to your insurance company.

Refunds. Patient/guarantor credits in amounts \$20.00 or less will be retained on account to be credited toward future balances unless a written request for refund is received. Amounts greater than \$20.00 will automatically be refunded to the patient/guarantor.

Managed Care / Referrals. If you are enrolled in a managed care insurance plan (i.e. HMO) and request to see a specialist, please come by the office for a referral prior to your visit with the specialist. Retroactive referrals are discouraged because they offer no guarantee of payment and may result to an added cost to you.

Missed appointments / late cancellations. Appointment cancellations are requested 24 hours or more prior to your scheduled appointment. Missed appointments (AKA no shows) and late cancellations represent a cost to us and to other patients who could have been seen during the time set aside for you. **Our fee for missed or late cancellations is \$75.00 for a medical visit and \$100.00 for a procedural visit.** Excessive abuse (3 or more late cancellations in a 6 month period) of our cancellation policy will result in a warning letter and may result in discharge from the practice.

After hours / Emergency fees. There may be a charge in conjunction with any office visit or service performed after posted office hours. A bill will be submitted to your insurance company for these services. Any services not covered by insurance will be your responsibility.

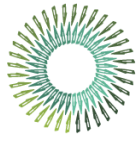
Please Contact us with your questions. For questions regarding your account please call Kristine (815-524-5229) at our billing office Monday through Friday between 9:00 am and 4:30 pm. You may also email your billing questions to Mireya@mchavezmd.com. For all other questions, please call the Clinic at 773-227-3303 or email us at info@mchavezmd.com Thank you.

I have read and understand the Clinic's Patient Responsibility for Fees Policy. I agree to assign insurance benefits to the Clinic whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I will also be responsible for the fee charged by the collection agency for costs of collections. Furthermore, I understand that I am responsible for complying with all policies and fees as described herein. I understand that the Clinic reserves the right to change any fees and or policies without prior notification.

Patient's Name

Signature of Guarantor/Responsible Party

Date



M.Chávez MD, SC
PROCEDURAL MEDICINE • AUTHENTIC CARE