

SUBURBAN NEUROLOGISTS, S.C.
800 Biesterfield Road, Suite 2009
Elk Grove, Illinois 60007
(847) 952-9140
(847) 952-9145

FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have medical insurance, we will help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

All co-payments are due at the time services are rendered. We accept cash, checks, and credit card payments. It is illegal for us not to collect them. We will be happy to process any insurance claims for you. Our practice does accept assignment, but this does not guarantee payment from your insurance company. Ultimately, your insurance is a contract between you and your insurance carrier. We are not party to that contract. Any services not covered by your insurance carrier for whatever reasons, is your responsibility.

Returned checks are subject to a service charge of \$30. Any attorney or collection fees incurred due to delinquency in payment will be charged to the patient. A charge of \$25.00 fee may also be made to your account if you do not show up for your scheduled appointment time or cancel with in a 24 hour notice.

All HMO policies will require a referral present the day services are provided. If no referral was obtained, you will be required to pay for the office visit in full before services are rendered. A refund will be issued when insurance payment is received.

I hereby acknowledge that I have read this document and understand my financial responsibility for all medical services provided for myself or any dependants listed on my account with Suburban Neurologists, S.C., 800 Biesterfield Rd., Ste.2009, Elk Grove, IL 60007.

Signed: _____ Date: _____