



OUR FINANCIAL POLICY

The staff at Progressive Surgical Associates is dedicated to providing the best possible care for you, and we want you to be aware of our financial policies to avoid any misunderstandings.

INSURANCE

As a courtesy, Progressive Surgical Associates verifies your benefits with your insurance company. We do this so that you:

- Will have an estimate of what your financial responsibility will be, and
- To determine what portion of your charges should be paid by you at or before the time of service.

A quote of benefits is not a guarantee of benefits or payment. Your claim will process according to your plan's formal regulations, regardless of any good faith quote you/we receive from your insurance prior to your care. Even if you/we have a quote, we cannot guarantee what your insurance company will pay. Therefore, you may receive a bill from us if the insurance company denies, changes, or reduces the payment for the services we provided you. You are financially responsible for all charges. If you authorize it, as a service to you, we will file your claim with your insurance so that your insurance company can pay us directly. We will also follow up for you, but if your insurance company does not pay the claim within a reasonable period, we will have to look to you for payment.

CO-PAYS / DEDUCTIBLES / CO-INSURANCES

All co-payments, deductibles, and co-insurances must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

If your insurance plan has a deductible you have not yet met (we will verify your coverage at the time of visit) you will be expected to pay the visit in full. We offer convenient payment plans.

CREDIT CARD POLICY

We accept Visa, MasterCard, Discover and American Express.

It is the policy of this office to keep a credit card on file for patients under active care. This is a convenient method of payment for the portion of services that your insurance does not cover, but for which you are liable. Furthermore, most insurance plans require deductibles and copayments that may not be known to you or us at the time of your visit.

Your credit card will only be used to pay account balances after insurance processing if/when:

- You instruct us to bill your credit card for any outstanding balance and/or
- Your balance is 60 days past due and we have sent you at least 2 statements and/or
- Your insurance card is invalid and you do not have additional insurance.

You will be notified prior to our making any charges to your credit card.

Medicaid patients will not be required to place a credit card on file due to federal regulations.

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SELF-PAY

If you do not have insurance, or if we cannot verify your coverage, payment is due at the time of service. We offer discounted pricing for self-pay visits and convenient payment plans. This self-pay discount is only available to uninsured patients; offering this discount to insured patients is a violation of your and our contract with your insurance.

CHECK POLICY AND RETURNED CHECKS

We accept personal checks for medical services. We do not accept checks for medical products available in our office. We will charge a fee of \$35.00 for all checks returned unpaid.

MISSED APPOINTMENTS

We request a 24-hour notice for ALL office visit cancellations. \$50.00 will be charged for all office visits missed or cancelled without a 24-hour notice. Missed/canceled surgeries without a 72-hour notice will be charged \$150.00. Missed/canceled colonoscopies or EGDs without a 72-hour notice will be charged \$150.00. These fees must be paid before scheduling your next appointment.

ADDITIONAL FEES & SERVICES

Patients may incur additional charges not covered by insurance for services like photocopying and filling out forms. While we are happy to provide this service, it makes a significant impact on our practice resources. In accordance with Illinois law, we charge:

- \$15 for filling out of forms for employers, FMLA, disability, etc.
- For photocopying we charge:
 - \$1.38 per page (pages 1-25)
 - \$.92 per page (pages 26-50)
 - \$.46 per page (over 50 pages)

The State of Illinois allows a Handling Charge of \$36.68 in addition to the above per page fees, however, at this time, we will waive this fee as a courtesy to our patients.

COLLECTIONS

If your account is delinquent, we may file it with a collection agency to collect payment. If this becomes necessary, your account may be charged additional fees to offset some of the collection costs we incur.

Any account with an unpaid balance that is determined to be your responsibility by the insurance company may be sent to collections after 90 days from the Explanation of Benefits date. The collection agency is: Choice Recovery, and they can be reached at 614-358-9900 or toll free at 800-559-9277.



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I have read and understand the practice’s financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Signature of patient (or responsible party, if minor)

Please print the name of the patient

Date

If you are having a surgery with an orthopedic surgeon and Dr. Gamagami:

I agree, if my insurance partially or completely denies my procedure or any component of it, I will be responsible for the charges:

Signature of patient (or responsible party, if minor)