

OUR FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment.

We are doing everything possible to hold down the cost of medical care. You can help a great deal by reducing the number of statements we must send. The following is a summary of our payment policy.

Payment is required at the time services are rendered or scheduled unless other arrangements have been made in advance. This includes applicable coinsurance and co-payments for participating insurance companies. 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. We accept cash, checks, or credit cards (Visa, MasterCard, Discover, and American Express). There is a service charge for returned checks.

Patients with an outstanding balance of 60 days overdue must make arrangements for payment prior to scheduling appointments. Please contact one of our patient account representatives, for arrangements, at (309) 451-1123.

AT CHECK IN

You must present your insurance card(s) at each visit. **Your co-pay is due at the time of service. If you do not have your co-pay at the time of service, you may be asked to reschedule your appointment to a day and time more convenient for you to pay.** We accept cash, money orders, MasterCard, Visa, Discover, and American Express. Please notify us of any address, phone or insurance changes.

It is your responsibility to ensure that we participate with your insurance carrier and whether you require a referral from your PCP prior to being seen. Our office cannot always tell you in advance whether your charges will be covered by your insurance plan. Each insurance carrier has multiple plans that can vary with employer group contracts. It will be your responsibility to pay for any charges not covered by your plan.

Self-pay Accounts

Self-pay accounts are patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without an insurance card on file with us. Liability cases will also be considered self-pay accounts. We do not accept attorney letters or contingency payments. It is always the patient's responsibility to know if our office is participating with their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven. Self-pay patients will be required to bring \$300.00 at the initial appointment that will be applied to the day's service and will be asked to make payment arrangements for the balance. Extended payment arrangements are available if needed. Please ask to speak with a patient account representative to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and the least amount of stress.

PAYMENT OPTIONS

It is the policy of Premier Medical Group, LLC d.b.a. Mid-Central Illinois Gastroenterology and/or Gastrointestinal Institute to request payment for deductibles, co-pays and amounts not paid or expected to be paid by insurance carriers at the time of scheduling and or at the time of health care services. Patients who do not utilize one of the payment options to pay off outstanding balances will be placed with outside collection agencies that may report the unpaid balance to a National Credit Bureau.

Regardless of any personal arrangements that a patient might have outside of our office, if you are over 18 years of age and receiving treatment, you are ultimately responsible for payment of the service. Our office will not bill any other personal party.

Credit Card Preferred Option

Premier Medical Group, LLC d.b.a. Mid-Central IL Gastroenterology and/or Gastrointestinal Institute provides patients with the ability to pay off their account(s) by presenting one of the credit cards accepted by the medical practice/facility. The credit card will be held until the explanation of benefits is received from your insurance company. Once we receive the explanation of benefits we will apply the patient responsibility as per your contract with your insurance carrier to the credit card you provided.

Balances greater than \$1000.00 must be paid in full within 30 days OR you may arrange six (6) monthly payments of equal value resulting in balance in full within 6 months. This may be done with credit card monthly payments processed every month.

Balances less than \$1000.00 must be paid in full within 30 days OR may be divided into 3 monthly payments resulting in the balance paid in full within 90 days. This may be done with credit card monthly payments processed every month.

Down Payment Option

20% of the estimated cost of service(s) being rendered is required at the time of scheduling and balance in full in 30 days, whether insurance has paid or not.

Other options may be available to you. Please ask your scheduler for more information or call our office at (309) 451-1123 and speak with one of our patient account representatives.

PATIENTS UNDER THE AGE OF 18

A Parent or Guardian will be responsible for providing current information and payment at the time of service. A Parent or Guardian must accompany any patient under the age of 18. This office is not bound by any divorce decree or other family relationship contracts. Patient under the age of 18 **must be accompanied** by parent or guardian. A signed release to treat may be required for unaccompanied minors.

NON-COVERED SERVICES

Please be aware that some – perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

INSURANCE

We will bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and co-payments at the time of scheduling. You are responsible for all charges. If you cannot produce an up-to-date insurance card, payment in full for each visit is required until we do receive your current insurance card. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request.

If you need assistance or have questions, please contact one of our Patient Account Representatives between 8:30 a.m. and 4:00 p.m., Monday through Friday at (309) 451-1123

OUT - OF - NETWORK

We offer affordable access to out-of-network services. Typically, managed care plans are contracted with provider(s). If a patient seeks care out-of-network, they may be financially responsible for some or all of the care provided. We will file your charges with your insurance carrier, but payment may be sent directly to you. You must bring your insurance explanation of benefits and insurance payment to us immediately. Please discuss your needs with one of our patient account representatives.

REFUNDS

Overpayments will be refunded upon written request to the responsible party within 30 days from the date request is received by our office.

MISSED APPOINTMENTS/LATE CANCELLATIONS

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellation is requested 24 hours prior to the appointment. We reserve the right to charge for missed or late-cancelled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

Outstanding Balance Policy

It is our office policy that all past due accounts be sent two statements. If payment is not made on this account, a single phone call will be made to try to make payment arrangements. If no resolution can be made, patient may have their account turned over to a collections bureau. Patients in collections need to pay their balance in full and may be asked to seek future medical care elsewhere. Please ensure you stay current with your medical bills.

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