

WEST SUBURBAN WOMEN'S HEALTH

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FINANCIAL POLICY

Thank you for choosing our office for your OB/Gyne care. The following is a summary of our financial policy. Your understanding of this policy is a key element in your care. If you have any questions, please feel free to contact our billing department at 630-654-2229.

The patient or patient's guardian is responsible for payment of services rendered by our physicians. As a courtesy, our billing office will submit claims to your insurance carrier. In order to file your claim, please be sure that we have your most current insurance information on file. If a co-pay is required by your insurance plan, you will be expected to pay your co-pay at each visit. Our office can only code and file a claim for your visit with a diagnosis that was encountered and documented in the medical record. To ask this office to change a diagnosis solely for the purpose of securing reimbursement from an insurance carrier is inappropriate and fraudulent.

After insurance benefits have been received, patient will be asked to forward payment of any remaining balance due within 30 days. Cash, check, and credit card are acceptable forms of payment. All patients are required to keep an active credit card on file. Any remaining balance due after 30 days, will be charged to the credit card on file. Any past due balance will result in a scheduling hold on your account. Fee for service, co-pays, co-insurance and deductibles for some types of procedures are due at time of service. If your account is referred to our collection agency, your account will be assessed a 35% collection fee and you will be dismissed from our practice. Should you file bankruptcy that includes an open balance with our office, you will also be dismissed.

Non emergent after-hours phone consultations with a physician will incur a charge at the physician's discretion. This charge will be sent directly to the patient and is not a billable service to your health insurance. Emergent/medically necessary after hours calls will result in a Telemedicine Visit charge sent to your insurance policy. This charge may incur a co-pay or additional cost to the patient. Disability forms will be completed for a fee per occurrence as will all appointment no shows. 'No show' is defined as giving less than 24 hours notice of the need to cancel or change an appointment.

Fees:

Non Emergent After Hours Phone Consultation	\$100	Forms Completion – Per Occurrence	\$20
No Show for Appointment	\$40	NSF/Returned Check	\$50

As a courtesy to our patients, **Health Lab** (which is owned by NorthWestern Hospital Group) provides in-office laboratory services and **Lab Corp** and **GenDx** provide genetic testing. It is the patient's responsibility to confirm network status with your insurance company

If you are uncertain whether or not our physicians or any of our services are covered by your insurance plan, **please call your insurance company before seeing the doctor.** In the event you need to change, reschedule, or cancel your appointment, **you must do so within 24 hours of your medical appointment to avoid being charged.** All no-show appointments will be charged a fee.

I have read and understand the financial policies described above. By choosing to proceed with care, I am also agreeing to comply with these policies.

Name (Parent name if pt under 18)

Signature

Patient Date of Birth

Date