Name: DOB: Chart:



## Anton J. Fakhouri MD FACS FICS Gary A. Kronen MD Beverlee A. Brisbin MD James E. Moravek MD Jeremy T. Bell PA-C Sara B. Lennon PA-C Kelly J. Hermann PA-C Cindy M. Spicka APN

## **IMPORTANT INSURANCE/PAYMENT INFORMATION**

Patients with private healthcare insurance:

The private healthcare insurance presented at the time of your visit will be billed for your treatment, HMO patients will need to start the process of securing a referral. Every effort will be made to ensure that claims are promptly and correctly submitted to your insurance company. Your insurance company has 30 days after receiving a correctly filed claim to process, pay, and/or given notice as to why the claim has not been paid. After that time the remaining balance will be your responsibility. If you are not satisfied with the payment made by your insurance company, contact them directly at the phone number listed on your insurance card. If you choose to appeal to your insurance company in writing for additional payment please provide MidAmerica Hand to Shoulder Clinic with a copy of the appeal for your file.

## Patients with motor vehicle insurance/liability insurance:

If your injury was received as a result of a motor vehicle accident or a liability, and you do have private healthcare insurance, typically your private healthcare insurance will not make payments on your medical claims without a written denial from your motor vehicle insurance/liability insurance. It is very important that all pertinent information be given at the time of your visit regarding the motor vehicle insurance/liability insurance, including claim number, agent information, claim billing address, accident report etc. Patients without private healthcare insurance - Self Pay:

If no private healthcare insurance is presented at the time of your visit, full payment or an approved payment plan is expected at the time of service.

Patients with Illinois Department of Public Aid - IDPA:

IDPA is not accepted at MidAmerica Hand to Shoulder Clinic. Full payment or an approved payment plan is expected at the time of service.

## FOR ALL PATIENTS

\*Any insurance policy is a contact between you and your insurance company.

\*It is your responsibility to verify, with your insurance company, if a providers is in or out of network for your plan.

\*Any unpaid balance left by your insurance company will be your responsibility.

\*Insurance benefits paid directly to the patient will need to be forwarded to MidAmerica Hand to Shoulder Clinic to keep the account in good standing.

\*If you have retained an attorney regarding your injury, it is very important to provide MidAmerica Hand to Should Clinic with that information.

\*Payment plans can be established with the approval of the billing department.

\*Cash, checks, all major credit cards and Care Credit are accepted for payment.

\*You can contact the billing department with any questions.

Credit card payment authorization:

I hereby authorize MidAmerican Hand to Shoulder Clinic to use my credit card for co-pays, co-insurance, non-covered services, or other balances that are my financial responsibility if not paid within 45 days of service.

Credit card type: Credit card account #:

By signing below, the patient acknowledges that they have read the above information, understands this information and that upon request may obtain a copy of this form.

ID#:

Printed

Signature

Mokena

MidAmericaOrtho.com Palos Hills 10330 S. Roberts Road Palos Hills, IL 60465 Phone 708-237-7200

Fax 708-237-7201

19065 Hickory Creek Drive Mokena, IL 60448 Phone 708-237-7200 Fax 708-237-7201 Date

Expiration: