

**PRIMARY CARE ASSOCIATES**  
**Financial Policy**

**Please take time to read the policies below. If you have any questions please do not hesitate to ask. When you have read the information please sign and date in agreement that you understand the policies that you have read.**

- 1. Statements are mailed out each month. Payments are due upon receipt. If you are unable to pay your entire balance you need to contact the Billing Office, at 708-484-0042, to make arrangements to pay.**
- 2. If you have not paid your balance or have contacted the Business Office to set up a payment plan within 60 days your account will be considered delinquent. At this point we will begin collection proceedings and your account, if left unpaid, may be sent to an outside collection agency.**
- 3. If you have paid your co pay or have made a payment on your account with a personal check and it has been returned due to non-sufficient funds (NSF) you will be charged a \$20.00 fee that will be added to your account.**
- 4. No-show appointments may be charged a \$20.00 fee. A No-show is considered an appointment to which a patient does not come for and did not call to cancel before the time of the appointment. Every attempt is made 1 – 2 days prior to inform the patient of their pending appointment. Sometimes we are not always able to contact the patient directly. Keep in mind a confirmation call is a courtesy that we provide for our patients.**
- 5. Co pays are expected to be paid at time of service. Unless you have made arrangements to pay this at a future date you will be asked for your payment. You may pay by cash, check, debit card, Visa, MasterCard, or Discover.**
- 6. Self – pay Patients are required to make full payment for services rendered at time of service. If the Doctor has agreed to make a reduction to your charges, you are required to make payment immediately. If however, you fail to pay your balance at the time of service you may lose that reduction and the original balance will be posted for you to pay. The only exception to this if payment arrangements have been made and agreed upon with the Business Office.**
- 7. Contracted Insurance Companies – If you have Insurance coverage that we are contracted with we will forward your claim to them. You will be responsible for all co pays, deductibles, or co-insurance that is identified by your Insurance Company as your responsibility.**

8. **Non – Contracted Insurance Companies** – If you have Insurance coverage that we are not contracted with you will be responsible for the entire balance owed. We will bill as a courtesy to our patient but we will not accept assignment of benefits.
  
9. **Workman’s Comp or Automobile Accidents** – In the event that you have an injury at work or are involved in an automobile accident and wish for us to bill the carrier responsible for paying your claims, you must provide all billing information in order for us to do so.
  
10. **Requests for Medical Records Copying** – At your request we will copy records for you. However, we will charge for Medical Records copying following the guidelines set by the Illinois State mandate.

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Patient, or responsible party signature	Date
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Relationship to Patient	Phone	Address
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Person signing on behalf of patient (PRINT)	Reason patient cannot sign
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