ELMHURST ORTHOPAEDICS
DIAGNOSTICS • TREATMENT • REHABILITATION
300 West Butterfield Road, Elmhurst, IL 60126

Financial Policy

Thank you for choosing Elmhurst Orthopaedics, SC as your health care provider. We are committed to the successful treatment of your condition. Your clear understanding of our Financial Policy is important to our relationship. Please call our billing department if you have any questions. They may be reached at (847) 720-7487.

- All patients must complete our Patient Registration Forms
- For cases which we bill insurance directly, we must have a copy of your Insurance ID card(s).
- For cases where we bill a third party (WC/Auto), we require a copy of your private Insurance ID card(s) for our records.
- Insurance Co-Payment is due at time of service.
- We accept cash, check, or credit card (Visa or MasterCard)

INSURANCE (PPO/POS/Commercial/Medicare Advantage Plans)
All co-payments are due at the time of service. We are members of most, but not all, plans. You are responsible for verifying that we are providers for your plan. You are responsible for co-payments, deductibles and co-insurances on your plan. We maintain the right to collect payment towards patient responsibility prior to any high cost treatment (Surgery, MRI, other). If applicable, you will be directed to speak to a patient representative. You are responsible for any service denied by your insurance as a non-covered service.

HMO INSURANCE
All co-payments are due at time of service. We are currently members of Illinois Health Partners and Hinsdale Physician Healthcare networks. You are responsible for providing the referral for your visit. We will assist with referrals for surgery and other services as directed by your plan. If you are an HMO member, you will not be billed additionally as long as we have the necessary referrals.

MEDICARE
We do accept Medicare assignment. As a Medicare patient, you are responsible only for the difference between the approved amount and the amount that Medicare pays, and of course, your deductible. If you have supplemental insurance, please provide a copy of the card and we will bill it for you. You will receive a bill after your insurance has paid if there is any remaining balance.

MEDICAID
Some of our providers participate in the Illinois Medicaid program. We accept Medicaid only as a secondary coverage, not as a primary. Depending on processing of your primary coverage and Medicaid's secondary coverage, there may be remaining patient financial responsibility. If appropriate, you will receive a bill after both carriers have processed your claim(s).

SELF PAY
Payment is due in full at the time of service. If you are unable to pay your balance in full, you must see a patient representative to make other arrangements.

WORKERS' COMPENSATION
If you are being seen here as a result of work related injury, you must notify our staff prior to your appointment. We will require information regarding both your Workers' Compensation insurance and your private health insurance. We must obtain treatment authorization prior to your visit. If authorization for treatment under Workers' Compensation is denied, as a courtesy we will bill your health insurance carrier. If payment is not received from these parties, we have a right to bill you directly. If you have obtained an attorney, we will need the name, address and phone number for our records. If you have filed an appeal through the Illinois Worker's Compensation Commission, we will hold your claim pending the outcome.

AUTO ACCIDENT CLAIMS
If you are being seen as a result of an auto accident, you must notify our staff prior to your appointment. We require both your Auto Insurance information and your private health insurance. If payment is not received from these parties, we have a right to bill you directly. If you have obtained an attorney, we will need the name, address and phone number for our records.

TREATMENT FOR A MINOR CHILD
A parent or legal guardian must accompany patients who are minors (under 18 years of age). This accompanying adult is responsible for payment of the account, according to policy outlined above.

RETURNED CHECK
A $25.00 charge will be added to your account for any check returned by your bank for any reason.

DISABILITY or INSURANCE FORMS
There will be a charge of $20.00 for the completion of medical/disability/FMLA forms. Payment is due before paperwork is processed. Please allow 7-10 days for completion of these forms.

I understand that if the office agrees to bill insurance as a courtesy, I must submit information as needed to ensure payment for services rendered to me. I understand that I am ultimately responsible for payment of all services.

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Name of Patient (please print)	Signature of Patient or Responsible Party	Date