



4301 W. 95<sup>th</sup> Street  
Oak Lawn, IL. 60453  
(708) 425-5500  
www.lawnmedical.com

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## Financial Policy

Welcome to Lawn Medical Center.

Thank you for choosing Lawn Medical Center for your healthcare needs. Please read our financial policy and if you have any questions please ask one of our associates for assistance or call our billing office at (708) 741-4303.

**You will be asked to show the receptionist your current insurance card at each visit.** Please come prepared. This allows us to verify the information and assist you in collecting the benefits from your insurance company to which you are entitled.

### **INSURANCE POLICIES**

#### ***For insurance companies that we participate with:***

We are pleased to bill your insurance for you. If your insurance company requires you to make a co-pay, coinsurance, and/or deductible we expect this payment at the time of service. In addition, you are responsible for any amount the insurance plan deems not covered, up to the entire amount.

#### ***If we do not hear from your insurance company:***

If we have not received payment or rejection from your insurance company in a timely manner, we will transfer the balance to your responsibility. We request your assistance in following up with your insurance company to resolve any non-payment issue.

#### ***For insurance companies that we DO NOT participate with:***

If the insurance you carry has an out-of-network benefit clause and we are able to verify coverage, we will submit a claim to your insurance company on your behalf. Lawn Medical Center reserves the right to collect any unmet deductibles or co-insurance at the time of service once benefits are confirmed. It is ultimately the patient's decision and responsibility to verify if we are in your network and what the out-of-pocket costs in using an out-of-network provider may be.

### **SELF PAY**

If you do not have insurance or are seeking care outside of your insurance plan benefits, payment in full is required prior to the service. Our associates will gladly give you an estimate of your visit prior to your appointment. For your convenience we accept cash, Visa, Mastercard or Discover cards.

### **COPAYMENTS**

According to the agreement that you have made with your insurance company, copayments are due at each visit. If you are not prepared to pay your co-pay, your appointment will be rescheduled.

## **COINSURANCE**

Coinsurance is based on the pre-determined level of coverage outlined in your insurance policy. For example you may have an 80/20 plan, meaning the insurance company will consider and pay on 80% of the charges and the remaining is the patient's responsibility. It is important that you review your coverage to determine your level.

## **LABORATORY**

Due to varied contractual arrangements between lab companies and health insurance plans, please verify that you are being directed by our office to a lab that is participating provider with your plan. Your lab billing is separate from our physician's billing and you may receive a separate itemized bill from the laboratory. *Please contact the laboratory regarding any billing questions.*

## **CODING FOR YOUR SERVICES**

Many insurance companies have restrictions on the type of services that are covered by their policies. It is your responsibility to know these limitations. Lawn Medical Center cannot charge for services based on the limitations of your insurance policy. Government regulations dictate that all health care providers must submit claims that accurately reflect the services that are provided and documented in the patient's medical record. To maintain compliance with these regulations and uphold the highest ethical standards, our staff is under strict guidelines that demand that they code services to the highest level of accuracy. Based on this, in the event you are seeing your physician for preventative services, but at the same encounter, address additional problem-related issues, Lawn Medical Center may be required to charge for these additional services. This occurs when the additional issues addressed meet certain criteria that are considered above and beyond the scope of the preventative visit. ***Please do not ask our staff to change coding for the purpose of getting your insurance to make payment on services rendered.***

## **FEES**

Our fees for professional services are consistent with those in the community. An estimate for proposed services may be obtained upon request. We suggest you contact your insurance prior to services being rendered so that you are aware of your potential financial responsibility.

Health plan coverage varies significantly by carrier, by employer, and/or by contract. We cannot know the benefits and exclusions of each patient's health plan. It is the patient's responsibility to know and understand his/her plan coverage benefits.

If you have any questions regarding our fees, we encourage you to discuss them with our Billing Administrator at (708) 741-4303.

## **DISABILITY AND OTHER FORMS**

We realize that special forms are sometimes necessary to provide documentation of medical conditions. Completing forms is time-consuming and generally falls outside of the contractual relationship between you and your insurance company. We will be happy to complete these forms at the following rates:

- FMLA - \$25.00
- Disability/Physician Attestation - \$25.00
- Miscellaneous forms - \$25.00

Payment of the filing fee is due *prior* to completion and a medical release form must be signed.

Please allow two to three weeks for the forms to be completed. To obtain a medical release form and/or if you have questions, please contact our medical records department Monday, Tuesday, Thursday or Friday between the hours of 9am to 3 pm.

**RETURNED CHECKS**

A fee of \$25.00 for checks returned to us for insufficient funds will be charged to your account. Future services will require payment by cash, money order, or credit card for your payment obligations.

**BALANCES**

All balances must be paid in full prior to being seen by a physician. Failure to make this payment may result in your appointment being rescheduled.

**STATEMENTS**

You will receive a statement from our Billing Department once a month if there is an outstanding balance. The billing statement will itemize services as well as payments, deductibles, or coinsurance amounts applied by your carrier. Payment is due within 30 days of receiving the statement. It is important to pay the balance within this time frame to avoid additional collection action. If you do not understand your statement or have any questions regarding your balance, please feel free to contact our Billing Department at (708) 741-4303 for clarification. If your insurance delays processing or processes your claim incorrectly, you will need to contact them directly. If you cannot meet your financial obligation, please contact our Billing Administrator. Every effort will be made to work out an acceptable payment plan. You will continue to receive a statement until all of your charges and all dates of service are paid in full.

For your convenience Visa, MasterCard and Discover cards are accepted.

**PAST DUE ACCOUNTS**

In the event that a balance becomes past due, the account will be considered delinquent. Delinquent accounts are subject to further collection action, including placement with a collection agency.

Patient accounts that have been placed with a collection agency are considered a breach of the patient-physician relationship. For this reason, the patient may be discharged from the practice.

For accounts that have been forwarded to the collection agency, please contact the agency at:

**ICS Collection Services**  
8231 185<sup>th</sup> Street  
Suite 100  
Tinley Park, IL. 60487  
(708) 427-2655