



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

Financial Policy

Welcome to Lawn Medical Center

Thank you for choosing Lawn Medical Center for your healthcare needs. We are committed to providing you with quality and affordable health care. Please read our financial policy and if you have any questions, please ask one of our associates for assistance or call our billing office directly at (708) 741-4303.

You will be required 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

We participate in most insurance plans, including Medicare. If you are not insured by a plan we are contracted with, payment in full is expected at each visit. It is ultimately your 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.

CODING FOR 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.

CO-PAYMENTS

Office co-pay's must be paid at the time of service. This arrangement is part of your contract with your insurance company.

CO-INSURANCE and DEDUCTIBLE BALANCES

Once your claim has been processed with your insurance company, any balance remaining will be invoiced and mailed directly to your address that is on file. Full payment is required within 30 days from the statement date. For your convenience you may pay your balance as follows:

- Pay directly through our secure payment portal located on Lawn Medical Center's website at lawnmedical.com
- You may pay by cash, check, debit, or credit card at our office.
- You may call our billing office directly at (708) 741-4303 to make a debit/credit card payment.
- You may mail your payment to Lawn Medical Center by check or credit card

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

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.

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 the physician’s billing, and you may receive a separate itemized bill from the laboratory. *Please contact the laboratory regarding any billing questions.*

RETURNED CHECKS

A fee of \$50.00 for checks returned to us for insufficient funds will be charged to your account. Future services will require payment by cash, money order, debit, or credit card for your payment obligations.

MISSED APPOINTMENTS

We understand that at times, you may need to cancel and reschedule your appointment. If so, please call us or send us a message through the patient portal no later than 24 hours prior to the appointment date. If we are not notified at least 24 hours to the appointment, a charge of \$50.00 will be your responsibility and billed directly to you.

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
9651 W. 153rd Street
Suite 58
Orland Park, IL. 60462
(708) 427-2655

ACKNOWLEDGEMENT
I HAVE READ AND UNDERSTAND THE ABOVE FINANCIAL POLICY

Signature of patient, parent, or legal guardian

Date