

GFP

GENEVA FAMILY PRACTICE

302 Randall Road * Suite 202 * Geneva, IL 60134 * (630) 232-1818 * Fax (630) 232-1868
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FINANCIAL RESPONSIBILITY

Patient Name _____ Date of Birth _____

According to Illinois Law, your insurance carrier must remit payment or deny your insurance claim within (60) days of initial notice of claim. If an insurance problem occurs, you will be asked to assist us in contacting your insurance carrier and facilitating a resolution. All patients will be notified when their insurance carrier remits payment to our business office and you will be mailed a statement reflecting any balance due. You will be expected to remit final payment to your account and refund any credit balance.

- As a courtesy, we bill most major insurance companies. Your coverage is a contract between you and your insurance carrier; however, we will assist you to maximize your insurance benefits.
- Copayments are due at the time of service. You may be asked to pay a portion of your office visit upon check-in when a deductible applies.
- You will be responsible for any portion of your insurance claim that is denied or not paid by your insurance carrier. **Your provider suggests testing and procedures based on the patient's best interest, not based on your insurance coverage or benefits.**
- Patients without insurance coverage will be asked to pay \$50 upon check-in as a down payment.
- An estimate for lab tests may be provided upon request.
- Returned checks will incur a \$30 service fee.
- A minimum of \$25 per month payment plan can be arranged with the billing department.
- Delinquent accounts will be placed with a collection agency with a 30% additional collection fee.
- The billing department is available to discuss any specific financial concerns that you may have.

By signing below, you indicate understanding of your financial obligation.

Printed name of Patient/Legal Representative

Date

Signature of Patient or Legal Representative

