

Geneva Family Practice  
302 Randall Rd. Suite 202  
Geneva, IL 60134

**Thank you for choosing Geneva Family Practice as your primary care provider. As a practice, we do our best to provide you and your family with exceptional care. Below are our office guidelines to insure an outstanding experience.**

### **Office and Financial Policy**

Please present your insurance card at each visit. It is your responsibility to provide us with the correct information so that we may submit your charges to your insurance. Failure to present us with all insurance information may make you liable for denied claims. Please remember that verification of benefits is NOT a guarantee of payment.

*Please be aware that any known conditions discussed during your Wellness Exam will be documented and coded as applicable to your visit. Diagnosis codes can NOT be changed to satisfy specific insurance requirements as that is considered insurance fraud.*

**Co-Payments-** Co-payments are due and collected at time of service. We accept cash, checks, Visa, MasterCard and Discover.

**In Network Insurance-** We are contracted with most major insurance companies including BCBS, United Healthcare, Medicare, Fox Valley Medicine and Aetna. We do our best to keep up with all the new insurance plans however, it is your responsibility to know if Geneva Family Practice is contracted with your particular insurance company. You are financially responsible for any co insurance and annual deductibles where applicable. ***Geneva Family Practice is NOT contracted with Cigna or Medicaid.***

**Medicare-** We are a participating provider with Medicare Part B, and we will bill Medicare as well as any supplemental (secondary) insurance you provide. You are financially responsible for any co insurance and annual deductibles where applicable. If you do not have a secondary insurance, you will be responsible for the 20% of the amount allowed by Medicare.

**Workman's Compensation-** It is your responsibility to provide us with the name and address of the insurance carrier along with the claim number. This information must be presented at the time of service. If you choose to have your personal insurance billed for this claim, we will not be able to reverse the charges once submitted.

**Self Pay-** Patients without insurance will be charged our self pay fee schedule. We require \$96.00 up front for the visit. If additional testing is required during your visit, you will be responsible for the remaining balance at check out.

**Payment Plans-** We do offer a monthly payment plan. You are required to allow us to bill your debit or credit card on the 1st of every month until payment is paid in full. Please see our bookkeeper for more details.

**Missed or no show appointments-** Failure to notify our office within 24 hours of your appointment will result in a no show fee charge based on your visit type. If you fail to cancel or not show up to your appointment, you will be billed \$25.00 ; if you fail to cancel a complete physical, you will be billed \$50.00. These fees are not covered by insurance. After 3 no show appointments you will be discharged from our practice.

**Late arrival for appointments-** If you are late for your scheduled appointment, the doctor or practitioner will try to work you into their schedule if you are ill. For routine appointments, you may be asked to reschedule.

**NSF payments-** In the event that your check is returned for non-sufficient funds you will be charged the original amount of the check in addition to a \$50.00 returned check fee.

*By signing below, you acknowledge and agree to our office terms/policies.*

Name of Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Legal Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email  
Address: \_\_\_\_\_