

Prairie Point Obstetrics and Gynecology

Policy on Patient Responsibility for Fees

Thank you for coming to Prairie Point. We believe that good care starts with good communication, and we have created this policy to help our patients understand the responsibilities that they and their families have for payment of our fees. If at any time you have questions, please don't hesitate to call our billing department at 815-895-0416. You may also find answers on our website under Insurance FAQ's. A copy of this policy is also available on our website.

We require that our patients promptly pay all charges that we present to them. Our fees may be adjusted based on the payments and allowances of your insurance company. But, if we present a charge to you on a statement, it means that we have taken any such adjustment into account and that you must pay the amount remaining.

If you do not agree with the patient responsibility amounts set by your insurance company, you need to contact the company's customer service. We are happy to provide you with the factual information about your care and billing to help you discuss this with them, but we still require you to promptly pay the entire charge we present to you, even if your issue with your insurance company is not resolved.

Co-pays are due at time of service. Other payment for our services is expected once we present them to you. We mail out monthly statements for any patient portions of charges. This patient portion includes the co-insurance, insurance deductible amounts, and charges for services that are not covered by your insurance. We expect that each charge will be paid in full within 14 days from the postmarked date of your statement. You may pay by return mail, in person or by a call to our office. We accept cash, checks, credit cards and Care Credit* for your convenience. For large balances you may request to pay off the balance in three equal installments over no more than 90 days. We may send you reminders by mail, through our portal, or remind you in person at our check in desk about any outstanding charges. By accepting our services, you are consenting to receive these communications.

Please be advised that any balance on your account after 90 days may be sent to a collection agency.

I understand and agree with Prairie Point Obstetrics and Gynecology's Policy on Patient Responsibility for Fees. I agree that I am directly responsible for services provided to me by Prairie Point Obstetrics and Gynecology and agree to pay Prairie Point the balance for all charges incurred by me. This may include the cost of collection and/or reasonable attorney's fee should I fail to timely pay for said charges.

Name:[print name of patient]_____ Date: _____
Signature: _____ [also print name, if different from patient] _____

*Subject to credit approval. Minimum monthly payments required. Visit www.carecredit.com for details.