

Obstetrics & Gynecology II, Ltd.
1302 Franklin Ave, Suite 2800
Normal, IL. 61761
309-454-1074

Pt acct# _____

Pt name _____

Billing Terms and Conditions

Good relationships can only be established with mutual understanding. Therefore, we encourage our patients to discuss any questions they have regarding the following policies.

Obstetrics & Gynecology II, Ltd. participates with numerous health care insurance plans as well as Medicare and Medicaid. For patients that are members of one of these plans, our business office will submit a claim for physician services rendered and will follow-up with that insurance until resolved.

Non-contracted insurance plans will be billed as a courtesy, however the charges as well as the follow-up with the insurance plan becomes the patient's responsibility if the insurance does not respond within 30 days.

If you do not have health insurance, all fees are payable at the time of your visits.

Your medical insurance policy is a contract between you and your insurance company. It is important that you understand its provisions. We cannot guarantee payment of your claims. Reduction or rejection of your medical claims by your insurance company does not relieve the financial obligation you have incurred with Obstetrics & Gynecology II, Ltd.

Please be prepared to show us your insurance card at each visit.

Insurance co-payments are expected at the time of service.

All patient balances are due and payable within 30 days after the insurance payment has been received.

It is the patient's responsibility to ensure that any required referrals be provided prior to the visit. Visits may be rescheduled or the patient may be financially responsible due to the lack of an appropriate referral.

Prepayment may be required for services not covered by insurance or in cases of high dollar deductible amounts.

A late payment charge of \$10.00 per month will be added to any account that has aged 30 days. The late payment charge will be billed each month and will appear separately on your statement.

Obstetrics & Gynecology II, Ltd. accepts MasterCard, Visa, Discover, Care Credit, as well as personal checks and cash. The fee for a returned check is \$25.00.

Unpaid balances may be turned over to a collection agency after 60 days. The patient is responsible for all collection costs including agency fees, attorney fees, and any costs incurred by Obstetrics & Gynecology II, Ltd. in collecting for services rendered.

Obstetrics & Gynecology II, Ltd. reserves the right to terminate a patient due to the breakdown of the physician/patient relationship caused by excessive failed appointments, medical non-compliance, inappropriate conduct or failure to keep their account in good standing.

If you need assistance in understanding your Obstetrics & Gynecology II, Ltd bill please contact the billing department at 309-454-1074 option #4.

Finance Charge Authorization

Initials

A late payment charge of \$10.00 will be added to an account if payment is not made on patients responsibility charges within 30 days. The late payment charge will be billed each month until those charges are paid in full and will appear separately on your regular statement.

Authorization To Release Information For Treatment, Payment and/or Healthcare Operations

Initials

I authorize Obstetrics & Gynecology II, Ltd. and its physicians to release any information regarding the medical, treatment including HIV/AIDS and disability related information to any third party payor (including Medicare/Medicaid), or to their contracted agents to validate or determine benefits payable for services rendered to myself or any dependants.

Billing Terms and Conditions

Initials

My initials and signature acknowledge that I have read and understand Obstetrics & Gynecology II, Ltd's billing terms and conditions.

Notice of Privacy Practices

Initials

My initials and signature acknowledges that I have been offered a copy of Obstetrics & Gynecology II, Ltd's HealthCare's Notice of Privacy Practices.

I have read and hereby agree to be bound by the terms of this agreement as set forth. The initials and signature are valid until revoked by me, in writing.

Signature _____

Date _____