

Payment Policies and Expectations

Welcome

Welcome to Advocate Medical Group! We know you have a choice when it comes to the physicians who provide for you and your family's health care needs and we appreciate the trust you have placed in us by choosing us for your care. It is our goal to provide you with excellent care and to make matters related to the payment for health care services as straightforward as possible. This pamphlet outlines what you can expect Advocate Medical Group to do to facilitate insurance payment for services rendered as well as our expectations of you for the portion of payment that is your responsibility.

What You Can Expect From Us

We accept many of the insurance plans currently offered in the Chicago area. As a courtesy to you, Advocate Medical Group will:

- Submit claims on your behalf directly to your insurance carrier for appropriate payment.
- Provide you with information regarding balances owed to Advocate Medical Group once all insurance payments have been made.
- Provide you with an account statement each month your account has a balance due by you.

What We Expect From You

Advocate Medical Group expects the following from its patients upon provision of services:

- Patient will be responsible for any co-payments, deductibles or non-covered services and any prior balances at the time of service. This includes amounts denied or not covered by the patient's insurance plan.
- Medicare patients will be asked to sign an Advance Beneficiary Notice (ABN) for non-covered services allowing us to bill you directly for these non-covered services.
- The patient, prior to receiving service from Advocate Medical Group, will obtain any pre-authorizations or referrals required by the patient's insurance carrier. Please check your insurance plan for the pre-authorization guidelines.
- Self-pay patients are expected to make payment arrangements at the time services are provided.

- Patients with balances that have not been paid after three monthly statements will be turned over to a licensed collection agency and may be subject to Advocate Medical Group appointment restriction policy.
- Patients will notify the office of a cancellation or inability to keep appointments within 24 hours to avoid a fee.

Payment for Services

Payment for services can be made as follows:

- Advocate Medical Group will accept cash, check*, telecheck, Visa, MasterCard, and Discover.
- Advocate Medical Group has a budget plan available for patients. The plan requires a payment at the time of service, with the remaining balance payable over no more than a three to six month period.

Other Financial Assistance

Advocate Medical Group is part of Advocate Health Care. As a faith-based organization, we are happy to assist those in need. If you are having financial difficulties, please let us know. A financial counselor can discuss payment alternatives that may be available to you, including extended payments, government programs or Advocate Health Care's financial assistance program. To apply for government or Advocate Health Care's financial assistance programs, certain personal and financial information is required.

- Advocate Health Care financial assistance programs are available for patients meeting certain income and asset guidelines. You may request a Financial Assistance Application from your site of care if you would like to apply for assistance.

Questions

If you have any questions regarding our payment policies and expectations, please see the financial counselor at your physician's office or call our patient accounts customer service department at 847-390-5900.

**Note, returned checks will be subject to a \$25.00 processing fee.*