Financial Policy

1. We will verify your insurance eligibility and benefits (co-pays, deductibles, co-insurance) prior to your appointment. The information we obtain is only a quote and we cannot be responsible for any misinformation provided to us by your insurance company.

2. We highly encourage you to call to verify your own allergy benefits along with any limitations you may have on your policy. If you find that you do have limitations it is your responsibility to share them with the provider prior to having any allergy testing done.

3. Be prepared to pay at your appointments. All co-pays are to be paid prior to being seen. If insurance discloses that there is an unfulfilled deductible over $280, the patient will be required to make a minimum down payment of $280 at the initial visit. The remaining full balance will be due at the time of receipt of your statement.

4. We will bill your insurance company on your behalf. You are responsible to know your own insurance benefits. Coverage, co-payments, co-insurance and deductibles can change on an annual basis. Please understand that we cannot, as a third party become involved in prolonged insurance negotiations, this is your responsibility.

5. Co-pays and other charges stated in previous sections of this policy are due prior to or at the time of service.

6. All account balances must be paid in full at the time of receipt of your statement. Failure to pay your account in full without contacting our billing department before the next billing period will result in a $10 statement fee. We offer monthly recurring payments of balances with credit card securely on file, please contact our office for more on this option.

7. If your account is turned over to an outside collection agency you will be dismissed as a patient and asked to seek care from another provider. We will assist in getting records transferred. If you wish to return as an active patient all financial obligations must be paid in full. This includes your balance, collection fees, attorney fees and court costs. You will be required to pay at time of service for any future appointments.

8. Any bounced or non-sufficient fund checks will be charged a $25 fee.

9. The charge for a missed appointment (less than 24 hours notice) is $25 - $50 and will be charged to patient's accounts. New patients will need to provide us with a credit card at the time of rescheduling another appointment. This credit card will be charged if the second appointment is missed. When you make an appointment, it is your responsibility to attend that appointment. A confirmation call and text message is a courtesy.

10. Medical record requests of more than five pages may be charged following the guidelines set by the Illinois law (Act 92-228).

11. Request for forms to be filled is a non insurance billed service and must be paid for prior to release of filled forms. The fee is $20.

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