

BUFFALO GROVE ORTHOPAEDICS ASSOCIATES

John N. Stamelos, M.D.

Jaroslaw B. Dzwinyk, M.D.

600 W. Lake Cook Road
Suite 160
Buffalo Grove, IL 60089

2740 W. Foster Avenue
Suite 405
Chicago, IL 60625

BILLING POLICIES

Thank you for choosing Buffalo Grove Orthopaedics for your orthopedic care. We are committed to providing high quality medical care in a cost effective manner. Please arrive for your appointment ten minutes earlier than your appointment if possible. It is your responsibility to verify that the physician is currently under contract with your insurance and that you have obtained all of the necessary referrals that may be required before your scheduled appointment if necessary.

Please inform the receptionist of any demographic changes, phone number, address or insurance information as well as any change in your copay, deductible or out-of-pocket costs in reference to your insurance coverage.

For patients who have scheduled Saturday appointments, in order to be fair to other patients and staff during these off-hours, 24-hour notice is required to cancel or reschedule a Saturday appointment. Failure to do so will result in a \$25 *no-show* fee.

As for all office visits, all co-pays are due at the time of service. Any co-pay not received at the time of service will result in a \$15 processing fee. If the co-pay is received within seven (7) days of the date of service, the \$15 processing fee will be waived.

There will be a fee of \$30 for any returned check to our office.

Your insurance coverage and benefits are a contract between you and your insurance company and therefore all disputes must be handled between you and your insurance company.

If you have insurance coverage under a plan which we do not have a contract with, you will be treated as a self-pay patient and we would anticipate payment at the time of service.

Co-pays, co-insurance amounts, deductibles and all non-covered items and charges are the insured patient's financial responsibility and are due during the office visit.

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Any amount not covered by the insured patient's insurance is due within 30 days of the time of service.

If you wish, please sign our Patient "Easy Pay" Consent Form in order to keep a credit card number on file which would be the same process you would go through for hotels, rental cars, etc., to be used for any **unpaid balances**.

Self-Pay Patients: We offer a reasonable discount for our cash paying patients. We will give you an estimate of what will be due at the time of service and the payment for those services is due at the time of service. You will be asked to sign a waiver stating that you have no health insurance and will not be filing a claim with any health insurance carriers.

Any paperwork needed to be filled out by the physician within reason will result in a \$10 or \$25 charge depending on the length of the paperwork. A forty-eight (48) hour notice is required for most paperwork.

Any outstanding balance after 90 days of the date of service may be referred to an outside collection agency. Accounts referred to an outside collection agency or attorney may be subject to a collection fee of 30% which will be added to the total balance at the time of write-off.

Our office will be happy to work with you in order to pay any balance due at our practice. Please contact our Billing Department to work out a payment plan with our practice. Please allow five (5) mailing days for each due to for each payment to be received by our practice. Please mail all payments to 600 West Lake Cook Road, Suite 160, Buffalo Grove, Illinois 60089 to the attention of the Accounts Department.

Refunds are issued to the appropriate parties. Patient refunds will not be processed until all active or past due charges are paid in full.

