



Advanced Medical Care, Ltd.

Raymond S. Bianchi, M. D. Jeanene M. Caccopola, D. O.
290 N. Rand Road, Suite A, Lake Zurich, IL 60047
847.438.4028 Office 847.438.2462 Fax

Office and Financial Policies

We would like to thank you for choosing Advanced Medical Care as your medical provider. As one of our patients we would like to keep you informed of our current office and financial policies. We require that you read and sign this document prior to any treatment. Please keep this document for future reference.

No Insurance: Payment will be due at the time of service.

Insurance: Please bring your insurance card with you at the time of your appointment. All insurance companies with which we are contracted as in network providers require that all co-pays be paid prior to any services being rendered. The co-pay required can not be waived by our practice, as it is a requirement placed on you by your insurance carrier.

You are responsible for any co-insurance, deductibles or non-covered services not paid by your insurance within the state's required time limitation for paying healthcare claims. You will receive a statement from our office indicating what your insurance has paid. Any balance remaining is due upon receipt.

POS: In order for our office to see you as a patient we will have to be listed with your insurance as your PCP. Your insurance carrier requires that you obtain a referral from your Primary Care Physician (PCP) before receiving services from a specialist. It is your responsibility to know your insurance requirements. Any services received without a referral or proper authorization will be your responsibility.

Auto Accident Injury: If your injury is due to an automobile accident, we request that you provide us with a copy of the police report, copy of your auto insurance, medical insurance, names and information of other parties involved, at the time of your appointment. You will be responsible for payment of this visit. It is your responsibility to send information resulting from this visit to your insurance company so that you can get reimbursed by them.

Worker's Compensation: If your injury is due to an accident in your work place, please be sure to contact your employer and inform them of your injury. We will need to receive required information from your employer before we can process any of your medical claims. Please have your employer contact our Billing person. Failure to properly report this injury to your employer may result in your claims being denied. Denied claims may become your responsibility.

Updating Records: You are responsible for keeping your information current in our office. This includes any address, telephone, work or insurance changes. We will continue to bill your insurance company for you as long as the information we receive is accurate and complete. In the event we receive the wrong information from you, any unpaid services provided will be your responsibility and you will have to process your own insurance claim.

"No Show" appointment: A charge of \$25.00 for regular appointments and \$50.00 for complete/surgical physicals will be added to your statement for not calling the office within 24 hours to cancel an appointment that you are unable to make.

Insurance requirement for preapproval of medication (this is not refills): **\$20.00**
Insurance requirement for preapproval of diagnostic testing: **\$30.00**

Insurance Appeal: A charge of \$25.00 will be added to your statement for insurance appeal for **denying** diagnostic testing and denying medication by your insurance company

Convenience Fees: The phone fees listed below are for patients that do not wish to come in for follow up visits from nurse only lab work or diagnostic imaging!!!!

Results of lab work and/or diagnostic testing must be given to a patient either by a follow up visit. E-mail or by a phone call.

Phone call from nurse for lab results during morning nurse visit: \$25.00/call
(This fee will NOT be charged if labs are drawn during an office visit when a patient sees the doctor. This fee covers the time allotted for the above phone calls include: physician receiving the results, interpreting the results, comparing these results with past results, making a diagnostic decision and treatment plan, conveying this to the nurse and the nurse calling the patient to explain the results)

Phone call from nurse for diagnostic testing results: \$25.00/call
(This fee will only be charged if patient does not want to come in for a follow up appointment with the doctor)

Phone call from doctor regarding lab: \$60.00/call
(This fee will only be charged when a patient comes in to have his or her labs drawn with the nurse and does not want to follow up with the doctor but wishes to have the doctor call them. This fee covers the time allotted for the above phone call include: physician receiving the results, interpreting the results, comparing these results with past results, making a diagnostic decision and treatment plan, conveying this treatment plan to the patient)

Phone call from doctor regarding diagnostic test results: \$60.00/call
(This fee will only be charged if a patient does not want to come in for a follow up appointment after the tests have been done and wishes the doctor to call them with the results. This fee covers the time allotted for the above phone call include: physician receiving the results, interpreting the results, comparing these results with past results, making a diagnostic decision and treatment plan, conveying this treatment plan to the patient)

Patients with frequent lab/diagnostic results may be interested in purchasing one of the next two packages:

8 calls from nurse for lab or diagnostic results for patient/family \$150.00
8 calls from doctor for lab or diagnostic results for patient/family \$360.00

E-mail correspondence from the nurse (no consultations) \$20.00

Please know that we offer reviews of most lab and test results via phone as a convenience to you. If you wish to avoid paying the above-related fees, you are always welcome to make a follow-up appointment with Dr. Bianchi or Dr. Caccopola to review them in person. Please note that you will be responsible for your co-pay for these appointments.

Disability Forms, Letters and any other form: A charge of \$25.00 to \$50.00 for the completion of medical forms (charge is based upon number of pages and complexity of information requested). Payment is due at the time that you pick up the forms. Please allow 7 workdays for the completion of these forms. If you would like the forms to be mailed to you or the insurance company, payment will be due prior to us mailing them

X-Rays: All x-rays are the property of Advanced Medical Care LTD. You may sign out the original x-rays so that you may take them to a specialist for consultation. If the x-rays are not returned to our office within 14 days, a \$75.00 charge will be added to your statement. We will also provide you with a copy of the radiologists report when available.

Late Fees: A \$10.00 late fee per month will be applied to all balances 60 days past due.

Return Checks: A \$30.00 charge will be added to your account for any check returned by your bank for any reason.

Medical Records: As a courtesy we will send copies of medical records to another physician's office. Copies provided to the Patient for their own records will be subject to the current Illinois Record Copying Fees, as per Illinois law. You will need to sign a letter of release prior to any copies being made, as well as pay for the service in advance. Please allow 7 – 10 business days for us to copy your records.

Thank you for allowing us to service you.

Patient Signature

Date

10/19/2010