



# CRYSTAL LAKE HEALTH CENTER

[www.crystallakeclinic.com](http://www.crystallakeclinic.com)

## Financial Policy

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Your clear understanding of our Financial Policy is important to our professional relationship. Please read it and ask us any questions you may have.

**Insurance.** We participate with most insurance plans including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card or your insurance is pending, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

**No Insurance.** If you do not have insurance, you will be asked to pay \$98.00 for the office visit during the check-in process. If you are unable to pay, we may ask you to reschedule your visit. If you have any labs, injections or procedures done, these are additional charges and will be collected during the check-out process.

**Proof of insurance.** You will be asked to provide us with your insurance card(s) at each visit so that a copy can be made. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

**Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

**Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

**Nonpayment.** If your account is over 90 days past due, you will receive a note stating this is your final statement and payment is due immediately. Partial payments will not be accepted unless otherwise negotiated. If a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this occurs, you will be notified by certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physicians will only be able to treat you on an emergency basis.

**Missed appointments.** Appointments that are not canceled at least one hour prior to the appointment will be considered a no show. Our office does not charge for missed appointments, however, 3 no show appointments in a 12 month period could result in discharge from the practice. Please help us to serve you better by keeping your regularly scheduled appointments.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.