WOMEN'S HEALTH CONSULTANTS

Phone: (312) 997-2229, Fax: (312) 846-1957

Patient Financial Policy/Statement /Consent Form
Effective January 1, 2016

Thank you for choosing Women's Health Consultants SC as your healthcare provider. The medical services you seek imply an obligation on your part to ensure payment in full for services received. This Patient Financial Responsibility Statement ("Statement") will assist you in understanding that financial responsibility. Feel free to ask if you have any questions. If someone else (parent, spouse, domestic partner, etc.) is financially responsible for your expenses or carries your insurance, please share this Statement with them, as it explains our practices regarding insurance billing, copayments, deductibles, and patient billing. By your acknowledgement of this Statement and/or receipt of medical services from Women's Health Consultants SC (WHC) you agree to the following terms.

Insurance Verification and Identification
The patient is expected to present a valid insurance card and identification at the first visit. You are responsible for notifying WHC of any changes to your insurance, legal name, phone number or mailing address.

We make every effort to verify your insurance benefits, as a courtesy to you, but there are instances where the insurance misquotes the benefits. We are not responsible for verifying your insurance coverage, it is important for you to verify your benefits prior to being seen at WHC as well as prior to procedures. The quote of benefits is not a guarantee of payment by your insurance plan or that services will be covered. You are responsible for verifying that approvals or referrals have been obtained before the services are performed. If your insurance denies payment, you are responsible for payment of any services which are denied for example (but not limited to): deductibles, copays, maxed out benefits or non-covered services.

Insurance Plan Participation
We participate in most insurance plans. A complete list is available upon request on the Rush Health Website (www.rushhealth.edu). You are responsible for knowing your insurance policy, policy provisions and authorization requirements. Not all Women's Health Consultants providers participate with all insurance companies. For example, you will be responsible for any charges if any of the following apply: (i) your health plan requires prior authorization or referral by a primary care physician (PCP) before receiving services at WHC, and you have not obtained a referral; (ii) you receive services in excess of such authorization or referral; (iii) your health plan determines that the services you received at WHC are not medically necessary and/or not covered by your insurance plan; (iv) your health plan coverage has

lapsed or expired at the time you receive/received services at WHC; or (v) you have chosen not to use your health plan coverage.
You are responsible for following up with your insurance carrier for unpaid claims and/or appeals. You are responsible for all deductibles, co-pays and non-covered charges.
We recommend you contact your carrier, or plan provider directly to fully understand your insurance plan and benefits.

Co-payments
All co-payments are due and payable at the time of service. We accept cash, personal check, VISA, MasterCard, Discover and American Express.

Past Due Balances
After filing with the insurance companies, we will mail you a patient balance statement. Any co-insurance, unmet deductible, or unpaid balances are to be paid in full upon receipt.

Collection Policy
If you have any questions regarding your balance, it is your responsibility to contact our billing office (JDT 773-275-4800) within 2 weeks from receipt of the patient balance statement.

Patients with an outstanding balance over 30 days who have not made payment arrangement may be prevented from scheduling future appointments or sent to collections. Unpaid accounts, including accounts with payment arrangements that are behind in payments, will be turned over to a collection agency. If your balance is sent to collections, you will be responsible for all collection and attorney fees.

Self- Pay
Self-pay accounts shall exist if a patient has no insurance coverage, or no insurance coverage for a particular diagnosis or treatment. Payment in full is expected at the time of service. Payment is required for surgical procedures prior to scheduling the surgery or starting medications prior to a surgical procedure. Please contact our Billing Coordinator at 312- 997- 2229 to review our policy regarding discounts for patients without insurance coverage.

Out of Network Insurance Plans
These are insurance plans that do not have a contractual relationship with WHC. These plans typically pay a lower percentage of the fees charged than do insurance plans that are In Network plans. Patients with Out of Network Plans will need to make deposits of anticipated patient responsibility at the time of service.

High Deductible Health Plans (HDHP)
If your insurance is a HDHP (defined as a deductible of $1000 or higher), you will be required to pay a deposit prior to services being rendered. The deposit will be applied to your total cost. You will be billed for the balance owed or issued a refund

for an overpayment. The amount of the deposit depends on the service being provided or procedures scheduled for the patient. When the deductible is satisfied for the insurance plan, then no additional deposits will be required until the next insurance deductible becomes active.

Estimated Cost Quotes

We will make every effort to estimate the cost of our services. We cannot possibly predict all of the services that may be required for an individual being treated in our office or having surgery. It is important to remember to contact the hospital, ambulatory surgery center, anesthesiology, laboratory and any other physician offices that are involved in your care so that you understand your financial obligation.

Medicare

Some of our physicians participate in Medicare. This means that we must accept Medicare's allowed charges for services rendered. Medicare will pay a percentage of the approved amount, but the patient is responsible for the remaining percentage, plus any deductible. If you have secondary insurance, we will submit a claim for the remaining balance after Medicare has paid. Please remember that although some physicians at WHC accept Medicare, the patient, by federal law, must be held responsible for any portion of the approved amount not paid by Medicare or a secondary insurance company.

Medicaid

Some of our physicians participate in Medicaid. A current copy of your insurance documents and a photo ID are required at each visit. Failing to have the necessary authorizations/referrals that your plan requires by the date and time of your appointment will result in rescheduling the appointment. If at any time you are not eligible for Medicaid coverage and wish to be seen, you will be treated as a self-pay patient and must make payment at the time of service.

Referrals/Authorizations

You are responsible for obtaining the necessary referrals/authorizations that your plan requires. Failing to have the necessary referrals/authorizations your plan requires by the date and time of the appointment may result in rescheduling the appointment. If you do not provide the required approval or prior authorization and elect to proceed with the appointment, the service or procedure you will receive will be a Non-Covered Service under your plan, your visit for that date of service will be processed as self-pay, and payment will be due on that date.

Additional Charges

Administrative Services, Charges and Patient Responsibilities

The following services will be billed directly to you and payment will be your responsibility. All such fees must be paid prior to scheduling future appointments.

Patients may incur and are responsible for the payment of additional charges at the discretion of Women's Health Consultants, including but not limited to:

- Missed appointment or late cancellation fee - we require 24 hour notice of cancellation to avoid a $50 fee for a New Patient Appointment and a $25 fee for a Return Appointment. Patients who are 15 minutes late for their appointment *may* be rescheduled.
- Non-emergency after hours calls - $30.
- Non-emergency phone calls and emails. These will be billed to insurance (if applicable) and you will be responsible for any unpaid balance.
- Prescriptions sent to more than one specialty pharmacy, insurance appeals, peer- to - peer insurance telephone appeals - $30
- Extended visits: for new patients, in excess of one hour, for return patients, in excess of thirty minutes. Insurance will be charged and you will be responsible for any unpaid balance.
- Charges for returned checks - $40.
- Elective rescheduling of surgery unrelated to medical reasons - $50.
- Outside Infertility cycle monitoring fee - $150 (non IUI cycle), $250 (IUI cycle) and $500 (IVF cycle)
- Letters/Insurance Forms/FMLA forms – letters and forms requiring medical review and Physician signature - $25
- Records Fee- we will provide you a copy of your medical records upon request. Pursuant to Illinois Statute, you may be charged and payment is required prior to the release of any records. Please take this into consideration when requesting copies of your medical records. The law allows for 30 days between the request and complying with the request. If records are requested urgently, additional fees will apply depending on the size of the record. Please contact the office for inquiries regarding pricing.

Authorization to Contact

You authorize WHC personnel to communicate by mail, answering machine messages, voice mail, and/or email according to information in your patient registration information. You agree to provide WHC with updated contact information while a patient of WHC. WHC, or any agent or servicer of your patient account, may use any information you have provided, including contact information, email address, cell or landline numbers, to contact you for purposes related to appointments or your account, including debt collection. You authorize WHC to use this information in any manner consistent with the information you have provided, including mail, telephone calls, emails, or text messages. You expressly consent to any such contact being made by the most efficient technology available, including automatic dialing/emailing or similar equipment, or pre-recorded messages, even if you are charged for the contact.

Assignment of Benefits; Insurance Proceeds

If I am entitled to health care services under any insurance policy, I assign such benefits to Women's Health Consultants SC. (WHC). I further authorize payment directly to WHC and such physicians of all such insurance benefits payable to me. Such insurance may include, but is not limited to, private commercial insurance, Affordable Care Act insurance plans, and government plans such as Medicare and Medicaid.

Consent/Authorization for treatment and to release/disclose protected health information

I agree that WHC may provide care and perform treatment, and may conduct such examinations, laboratory tests and procedures as directed by my physician or treating practitioner.

I hereby consent to the use and disclosure of my Protected Health Information by Women's Health Consultants SC for the purposes of treatment, payment and health care operations. For example, my physician or treating health practitioner may furnish Protected Health Information maintained in the course of my care and treatment. Any release of medical records and Protected Health Information will be made according to state and federal regulations.

I understand that WHC may release medical information to any third party that may be responsible for payment of my medical expenses.

I certify that the information given regarding my insurance is accurate and current to the best of my knowledge.

By signing as a financially responsible party, I hereby guarantee the full and prompt payment to WHC of all patient balances to WHC, whether now existing or hereafter created; I further agree to pay all expenses, legal or otherwise in collecting this debt. This guaranty shall be a continuing, absolute, and unconditional guarantee, and shall remain in force and effect until any and all said debt shall be paid in full.

I have read and understand the terms of the aforementioned policy. I hereby agree to each and every provision.

Patient or Patient's Guardian____

Date____