



Patient Financial Agreement

PLEASE READ THOROUGHLY AND SIGN BELOW.

In consideration of receiving services from CorVita Health Partners (CHP), you agree:

1. All services are provided to you with the understanding that you are responsible for the cost regardless of your insurance coverage. We are working on plans to be more transparent regarding the fee for services as the health payment industry is placing more of the cost on you and CHP. Pending this transparency, if you would like to know the cost of a service, please inquire prior to treatment as we wish to be transparent. Please be aware that not all services are covered benefit with different insurance companies or specific contracts. You are ultimately responsible for knowing what services are or are not covered. **CHP will help but KNOW YOUR BENEFITS.**
2. **On the date of service**, we will collect your deductible, co-pay, and payment for any uncovered services as well as your portion as determined by your insurance policy. We will accept cash, credit and check.
3. Your insurance policy is a contract between you, possibly your employer, and the insurance company! We are NOT a direct party to that contract. You have contracted with the insurance company to pay CHP on your behalf based on the service. **It is your responsibility to notify this office immediately if your insurance coverage or company changes. It is your responsibility to understand pre-certifications, referral and authorization requirements, and to be sure all insurance information is current. This is understood even though CHP performs this work on your behalf most of the time.**
4. We will bill your insurance company as a courtesy, but you are still ultimately responsible for payment of all services that you receive. If your insurance company does not respond within 30 days we will follow up with an inquiry on your behalf. If, however, your insurance company does not respond within 60 days of claim submission, an itemized statement will be sent to you. After receiving this statement, please pay CHP the balance or work with CHP on a payment plan. At this point, it is your responsibility to obtain the payment from your insurance company by reaching out to your insurance company to question why the claim is not paid. Our office will assist you after you have contacted your insurance company lodging a complaint. Please document this complaint.
5. If your medical claim has not been paid and your insurance company has not resolved their dispute by paying CHP then you may register a complaint with the Illinois Department of Insurance. The CHP office will do everything in its power to assist you however; you must understand payment cannot be delayed while you are awaiting the outcome of your complaint.
6. Any unpaid charges over 60 days old will be charged interest at a rate of 8%/annum. Unpaid charges over 120 days may be considered for an outside collection agency. You are responsible for any collection fees, legal fees, or court costs incurred in the collections process. A collection agency will report your failure to pay to the THREE (3) national credit reporting agencies.
7. We do understand that temporary financial problems may affect timely payment. We encourage you to communicate any such problems so that we can assist you in the management of your account. Please call (708)460-7444 Monday through Friday from 8:30 a.m. to 5:00 p.m. for account management and payment options.
8. **Non-Insured and Out-of-Network patients:** If you do not have medical insurance or we are not contracted with your insurance (out-of-network), you will be responsible for a minimum payment at the time of service for the service to be received that day, as well as any previous outstanding balance. If a procedure is necessary, payment may be required prior to the procedure. We offer a 20% discount for payment in full at time of service (please note, this discount does NOT apply to copays, deductibles, or previous balances).
9. Returned checks are subject to CorVita Health Partners' bank return check fee that has been as high as \$100.00.
10. If you need to cancel or reschedule an appointment, please give our office 24 hour notice. Cancellations made less than 24 hours from appointment and "no show's" are subject to a \$50 fee. This fee is NOT billable to insurance and is YOUR responsibility.
11. **Release of Information Statement:** I assign benefits of my medical insurance contract, Medicaid or Medicare to CHP and authorize payment directly to CHP. I authorize CHP to release medical information to payers as required for payment of claims for medical services.

We are committed to providing you with the best possible care and we are willing to discuss our professional fees at any time. Your clear understanding of our Financial Policy is important to our relationship. Please ask if you have any questions about our fees, Financial Policy, or your financial responsibility.

I have read and understand this Patient Financial Agreement.

Patient Signature

Date