



**Moore for Women Healthcare & Wellness**  
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### **Financial Policy**

*Thank you for choosing services at Moore for Women Healthcare & Wellness, we are committed to providing you with the best possible care. If you have medical insurance we are anxious to help you receive your maximum benefit. In order to achieve these goals, we need your assistance and your understanding of our payment policy. The following is a summary of our financial policy.*

#### **ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE!**

Payment is required at the time services are rendered. This includes co-payments and coinsurances for participating insurance companies. MFVHW Practice accepts CASH, PERSONAL CHECKS (instate only), MONEY ORDERS, VISA, MASTERCARD, AMERICAN EXPRESS, and DISCOVER. There is a service charge for all returned checks.

- \$40.00 for NSF plus the amount of the checks
- \$50.00 for Close Accounts plus the amount of the checks

Patients that are Self-Pay are expected to pay the full amount at time of service unless other arrangement has been made prior to your schedule appointment.

Patients with an outstanding balance of 60 days overdue **must** make payment arrangements before scheduling appointments. Any accounts over 90 days will be sent to our collections agency and report to the Credit Bureau. It is a Federal guideline that we cannot book any type of appointment for you if your account has been turned over to collections or has a bad debt write-off. You must clean up any amounts due either with MFVHW or our outside collection agency prior to booking any type of follow up appointment.

#### **INSURANCE:**

Your insurance is a contract between you, your employer and the insurance company. We will bill participating insurance companies as a courtesy to you. MFVHW participates with variety of insurance plans. It is your responsibility to contact your insurance to make sure that the seeking provider is contracted with your plan/network. You must present all insurance information at time of service. It is your responsibility to inform the office of any updates or changes to your personal information (i.e. address, phone number, and insurance).

If you have insurance that the office does not participate in, our office will file a claim as a courtesy. However, 30% of the claim needs to be paid prior to claim been submitted and responsibility of the claim will still be yours.

If we have not received payment from your insurance company within 45 days of the date of service, you will be expected to pay the balance in full. You will be responsible for the entire balance.

Our fees fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. Any non-allowed amount is your responsibility.

Not all services are a covered benefit in all contracts. Insurance companies arbitrarily select certain services they will not cover. These non-covered services are your responsibility. Our relationship is with you, not your insurance company. While the filing of claims is a courtesy we may extend to our patients, all charges are your responsibility from the date the services are rendered.

**REFERRALS:**

It is your responsibility to bring any required referral for treatment at or prior to your visit. If you do not have your referral, your visit may be rescheduled or you may be financially responsible for the services provided.

Any referrals given for Injections Medications, Labs, CT Scans, MRI, Mammogram, Pelvic Ultrasound, and Bone Density, etc. will be your responsibility to see if authorization is required prior to making the appointment, however will assist you.

**SURGERIES:**

Pre-authorization of procedures may be required. This is a responsibility of yours for which we may offer you assistance. There is a No Show/Non-Compliance charge.

- \$100.00 Not canceling within 48 hours prior to surgery
- \$50.00 Not following the guidelines rules given
- \$50.00 More than two re-scheduling of surgery

**MISSED APPOINTMENTS/LATE CANCELLATIONS:**

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Rescheduling and/or cancellations are requested 24 hours prior to the appointment. We reserve the right to charge for missed or late-canceled appointment.

- \$25.00 fee Late cancellations/No-Shows
- \$10.00 fee Excessive rescheduling

**Excessive abuse of re-scheduled and or canceling appointments may result in discharge from the practice.**

**MEDICAL RECORDS REQUEST:**

You will need to request in writing, there is a fee for all medical records/labs/chart note request. You authorize us to include all relevant information, including your payment history. Processing of medical records takes 30-60 days.

- \$21.54 processing fee
- \$.81\* per page (mailed/pick-up)
- \$1.25 per page (fax)

There will be a delay in processing of medical records if your balance is greater than \$50.00. During that time MFVHW will assist you in resolving your balance.

*I have read and understand the MFVHW Practice Financial Policy. I agree to assign insurance benefits to the MFVHW Practice whenever necessary. I also agree that if it become necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections.*

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Print Guardian Name

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date