

VCFE of Lake County
1445 N. Hunt Club Rd., Suite 103
Gurnee, IL 60031

FINANCIAL AGREEMENT

We are committed to providing you with the best possible care. If you have medical insurance, we are qualified to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Vein Surgery Patients: As a courtesy, we will send medical information to your insurance company. The letter will request that your insurance company send you a letter stating whether these procedures are covered. This letter is normally sent out within 1-2 weeks of your first visit to our office. We recommend that you contact them for their response because we have no control over whether they respond to this request. (This letter will not be sent to Medicare or secondary insurance).

Payment for services not covered by insurance are due at the time of services are rendered unless payment arrangements have been approved in advance by our management. All other balances must be paid within 90 days of the date of service. Returned checks and balance older than 90 days will be subject to additional collection fees and interest charges of 1 _ % month.

We require at least a five (5) business day notice for all vein surgery cancellations. A \$50.00 fee will be charged if a five (5) business day notice is not given.

You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most insurance companies. This statement does not apply to insurance companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
4. Any insurance payment paid to you by your insurance company must be paid to VCFE of Lake County within one (1) week of receipt.

We must emphasize that as medical care providers, our relationship is with you, not your insurance company. While filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment on your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

I request that payment of authorized Medicare/Insurance benefits are made to VCFE of Lake County for any services furnished to me by that physician. I authorize release to the Health Care Financing Administration or said insurance company and its agents any medical information about me needed to determine these benefits or benefits payable for related services.

I have read and fully understand the above statements regarding payment policies and agree that I am responsible for any fees incurred on account of services provided to me.

Patient/Guarantor's Signature

Witness

Date