

CHICAGO DIZZINESS AND HEARING OFFICE & FINANCIAL POLICIES

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Thank you for choosing Chicago Dizziness & Hearing (hereafter referred to as “CDH”). This agreement is provided to clarify our office and financial policies. The information is also available at http://www.dizzy-doc.com/financial_policy. Please read it, ask us any questions you may have.

INSURANCE

Please bring your current insurance card and a picture ID with you at the time of your appointment. Please notify us immediately of any insurance changes. If the insurance company that you designated is incorrect, you will be responsible for payment for the visit and submission of charges to the correct plan.

We are members of most, but not all, insurance plans. **You are responsible for verifying that we are providers for your plan.** With insurance plans where we have agreed to participate in the network as a provider, your carrier requires that all co-pays be paid prior to any services being rendered. A **co-pay** is the cost sharing part of your bill that is a fixed dollar amount. The co-pay requirement cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier.

You are also responsible for payment of any co-insurance and deductible. You may also be responsible for any **non-covered services** (as outlined in your policy) not paid by your insurance within the state’s required time limitation for paying health care claims. Please note that some policies may require pre-approval or pre-certification for certain services. It is your responsibility to ensure pre-approval. You will receive a statement from our office/billing service indicating what your insurance has paid. Any remaining balance transferred to you is due upon receipt.

Certain types of insurance have particular requirements:

- **Medicare.** Except Medicare Plan A (which is for hospital care), we accept Medicare assignment. As a Medicare patient, you are responsible for your deductible and the remaining percentage (co-insurance) of the approved charge that Medicare does not pay (usually 20%). Refer to your policy for coverage information. If you have supplemental insurance, we will also bill the supplemental insurance.
- **HMO.** **We do not accept HMO insurance.** Regarding insurance plans where we participate as a provider, your insurance carrier requires that you obtain a referral from your Primary Care Physician (PCP) before receiving services from another provider. Please bring that referral with you. **It is your responsibility to know your insurance**

requirements. You will be responsible for payment for any services received without a referral or proper authorization.

- **Medicaid.** We no longer have contract with Medicaid. We cannot accept Medicaid patients. We cannot file Medicaid claims.
- **Not Insured / Self-pay.** Payment will be due at the time of service. We offer discounted rates for uninsured and self-pay patients, but *not* for independent medical examinations (IME), existing Worker's Comp and telephone consults. All independent medical examinations, existing Worker's Comp, and phone consults are prepaid. While we will give you a copy of the bill so you can submit to insurance (if applicable), hearing aid devices and acupuncture are all self-pay. We **do not** accept attorney letters or contingency payment.
- We do not file claim to insurance when a patient is currently under **litigation** for symptoms related with the visit in our clinic. These are self-pay patients.

CLAIM SUBMISSIONS

Our billing service will submit claims to your insurance company as a courtesy to you, and will, within reason, attempt to get the claim paid through your insurance. Your insurance company may need you to supply certain information directly, and it is your responsibility to comply with their requests. **Any balance that is overdue for 60 days or more may be referred to a collection agency.** Payment in full or the amount not covered by your insurance carrier may be required prior to receiving care if you have a present/previous account turned over to a collection agency, if you currently have an overdue balance, or if you have recently filed for bankruptcy.

OTHER SERVICES AND CHARGES

Medical records. Upon request we will send to you a copy of your medical records in our file. If you would like us to send a copy of your medical records to a third party, you will need to sign a letter of release. You may be charged for additional copies of your medical records at rates within Illinois state statutes.

Legal consultation, disability application. CDH provides medical care to patients. Our physicians and staff **do not** provide services that are not directly related to medical evaluation, diagnosis and treatment, and we **do not provide service to attorneys.** Services such as a narrative letter summarizing a patient's care, or responses to inquires, whether requested by a patient or by an attorney, are handled by "Dizziness Solutions, LLC" which is separate from CDH, and the fees for such services are not covered by insurance.

Missed appointments. A missed appointment incurs a cost to us and to other patients who could have been seen in the time set aside for the missed appointment. If you need to cancel or reschedule your appointment, please inform us at least 48 hours in advance. We reserve the right to charge \$50 for appointments that are missed or cancelled by with a notice of less than 48 hours by a return patient and \$100 by a new patient. A recurrent pattern of missed or canceled appointments may result in discharge from the practice. We will waive the fee upon written proof of hospitalization or other extenuating circumstance.

Other charges for extra services. Services beyond standard appointments may incur extra charges. These charges, if not covered by your insurance, may be billed directly to you. Extra services include:

- Rushed appointment for new patient: \$300.
- A visit provided on an **emergency basis** for an established patient may incur a charge of \$150 in addition to the basic service [CPT 99058].
- Services whose **duration extends beyond standard visit lengths** [CPT 99354, 99355] may incur additional charges of prolonged office/outpatient visit in the amount of \$150 per 30 minutes.
- Prolonged services **before or after direct patient contact**, such as extensive review of outside records, requiring more than 30 minutes may incur an additional charge in the amount of \$300 for the first hour [CPT 99358], and \$150 for each additional thirty minutes after the first hour [CPT 99359].
- **Collection and interpretation** of medical records and test results, requiring more than 30 minutes, occurring independent of direct patient contact, may incur an additional charge of \$150 [CPT 99091].
- Services provided **outside of the usual office hours** may incur an additional charge of \$175 [CPT 99050].
- **Face-to-face conversation with a patient's family members**, with the patient **not** present, regarding the patient's diagnosis or management, may incur an additional charge of \$50 for each 15 minutes [CPT 96155, CPT 90887].
- **Work-related or medical disability examination** may incur an additional charge of \$500 if a CDH physician is the treating physician [CPT 99455], or \$800 if a CDH physician is the consulting physician [CPT 99456].
- Completion of **special forms** may incur a charge of \$50 [CPT 99080].
- **Telephone communication** with the patient may incur charges of \$25 for 5-10 minutes [CPT 99441], \$50 for 11-20 minutes [CPT 99442], \$80 for 21-30 minutes [CPT 99443]. Over 30 minutes: see charges for prolonged services before/after patient care.
- **Online evaluation and management** service provided by a physician to an established patient, guardian, or health care provider not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications (including electronic mail communication) may incur a charge of \$40 for each instance [CPT 99444].

PAYMENT

We accept cash, checks and all major credit cards. A \$30 charge will be added to your account for any check returned by your bank for any reason.

Payment of balance due. If a balance due is \$90 or greater, or if a balance of any amount remains unpaid for 60 days or more, you will be notified that all of your future appointments will be canceled. Those appointments can be re-scheduled after the balance is paid. We realize that financial difficulty is a reality. In such circumstances, we may advise you to seek medical care through other means. Alternatively, you may choose to make prepayment on by the day of the service.

Billing inquiries. All billing questions should be directed to **312-784-2977**.

RELATIONSHIP BETWEEN PATIENT AND PRACTICE

Establishing a relationship between you and the practice. You become a patient of the practice after, and only after, (1) you have undergone a history and examination by a provider in CDH, and (2) a bill for our services has been submitted to you or to your insurance. This does not apply to a person coming in for an independent medical examination (IME), in which the individual does not become our patient, but rather we provide the evaluation to whatever entity is requesting the service.

Terminating a relationship between you and the practice. You may choose to discontinue your relationship as a patient with the practice by informing us, in writing, and the termination is effective immediately. The practice reserves the right to terminate its relationship with you, without specifying the reason. If this occurs, you will be informed of such termination in writing. After issuance of that written notification we provide 30 days of emergency-only service within our subspecialty. After that point you are encouraged to transfer your care elsewhere; we can provide references at your request, as well as a copy of your records.

Continuity of care. Appropriate diagnosis and medical management depends significantly on physical examination of the patient by the physician. After the initial clinic visit, our ability to continue to provide a patient with medical care will require periodic re-examination. If for whatever reason a patient is unable to travel to visit us as frequently as our providers deem necessary for appropriate management, then we will respectfully suggest that the patient seek care at a facility where it will be easier to follow-up.

ACCOMMODATIONS FOR SPECIAL NEEDS

We try our best to help patients with special needs. Our clinic is wheelchair-accessible and we have a wheelchair in the clinic. While we do our best to help individuals who do not speak English, we are a small clinic and cannot hire translators for such needs. Please bring your own translator. For patients whose hearing impairment precludes vocal communication, we provide visual aids that meet the requirements outlined by the Americans with Disabilities Act (<http://www.ada.gov/business.htm>) and the National Association for the Deaf (<http://www.nad.org/issues/health-care/providers>). We do not provide sign language interpreters. If for whatever reason you require a sign language interpreter, or if in addition to hearing impairment you also have visual impairment that precludes use of visual aids, then we will not be able to accommodate you as a patient.

The practice reserves the right to change its financial policy at any time without notice.