

# **Asthma and Allergy Center of Chicago, S.C.**

## **OFFICE BILLING POLICY**

### **1. NON-HMO, PRIVATELY-INSURED PATIENTS**

- a. You must have proof of a valid policy in force at the time of your visit
- b. The office shall file a complete, valid claim ONLY once with your insurer following your visit. We shall only re-file for you if we made an error in our initial filing. You shall be responsible for any additional filings.
- c. You must guarantee payment for services with a valid Visa or MasterCard credit card. If your bill remains unpaid in full you shall receive additional billing notices up until 60 days of the service date; any outstanding amounts 60 days past due will be automatically billed to your credit card.

### **2. HMO PATIENTS**

- a. At the time of your visit, you must have a valid referral. If you are seen at our office without a valid referral, you shall be responsible for payment of all charges for that visit at the time of service.
- b. You are responsible for a co-payment that must be paid at the time of visit.

### **3. SELF-PAY PATIENTS**

- a. You are responsible for payment of all charges at the time of your visit.
- b. You must guarantee payment for services with a valid Visa or MasterCard credit card. If your bill remains unpaid in full you shall receive additional billing notices up until 60 days of the service date; any outstanding amounts 60 days past due will be automatically billed to your credit card.

### **4. MEDICARE PATIENTS**

- a. You must have proof a valid Medicare policy in force at the time of your visit; otherwise, you shall be responsible for payment in full at the time of visit.
- b. The office shall file a complete valid claim following your visit.
- c. You must have proof of a secondary co-insurance to cover the amount that Medicare does not cover. If you do not have a secondary insurance, you will be responsible for payment of the balance within 30 days from receipt of explanation of benefits from Medicare. You will not receive a bill in the mail from our office. It is your responsibility to send the payment to us within 30 days receipt of notice from Medicare. If you have a valid credit card on file the amount due after Medicare has paid its portion will be applied to your credit card without prior notice.
- d. If the amount billed to Medicare is applied to your annual deductible and this amount is not covered by your secondary insurance, you will be responsible for payment within 30 days from receipt of explanation of benefits from Medicare. You will not receive a bill from our office, if you have a valid credit card on file the amount will be automatically billed to this credit card, without prior notice. If you do not have a credit card on file and payment is not sent to the office within 30 days from receipt of explanation of benefits your account will be sent to a collection agency.

### **5. MEDICAID PATIENTS**

- a. You must have proof of valid IDPA status at the time of your visit
- b. You are responsible for any co-pay amount that must be paid at the time of each visit.

**NON-HMO PATIENTS, PRIVATELY-INSURED PATIENTS, SELF-PAY PATIENTS AND MEDICARE PATIENTS WITH AN ACCOUNT OVER 60 DAYS PAST DUE, NOT BILLABLE TO A CREDIT CARD, WILL BE REMITTED TO THIRD PARTY COLLECTIONS WITHOUT PRIOR NOTICE**