

NOVAS, DOHR, COLL & GADSON OB/GYN ASSOCIATES, SC

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www.novasassociates.com

Financial & Privacy Policy

I have received the Privacy Practices' Statement of Novas, Dohr, Coll & Gadson Ob/Gyn Associates, S.C. and consent to the use or disclosure of my protected health information for the purpose of diagnosing or providing treatment to me, obtaining payment for the professional services rendered to me and internal purposes such as quality improvement and how I can get access to this information.

INSURANCE: Patients who carry healthcare insurance should remember that professional services are rendered to and charged to the patient and *not* to the insurance company. You will receive a statement each month if your account has a balance due that is your responsibility. Your balance is due in full within 30 days. If your account is past due, a \$ 5.00 administrative fee will automatically be added each month. Your signature will serve as authorization to release medical and account information to your insurance as required to process your medical claim. This office cannot accept responsibility for collecting your insurance claims or for negotiating a settlement on a disputed benefit/claim. If a carrier denies coverage, you will be responsible for the account. You are also responsible for paying your copayment at the time of each visit. Payment of your account must be made within the limits of our office credit policy. If for any reason, your account is referred to our collection agency, you will be responsible for all collection costs. If your account has been turned over to our collection agency you will not be able to be seen by our office until your account has been paid in full. You will be referred to your county health department for continued care. Your signature also denotes that you recognize and accept full responsibility for all professional services rendered and further authorize the insurance carrier to pay benefits directly to the physician if a balance is due.

MINORS/PARENTS/GUARDIANS: Parents/Guardians are responsible for payment of the minors account.

MEDICAL RECORDS: Patients requesting their medical records are required to sign an authorization. A fee may be required in accordance with the Illinois State Guidelines.

PERMISSION TO COMMUNICATE WITH YOUR PRIMARY CARE PHYSICIAN/OTHER COMMUNITY CARE PROVIDERS: Your signature also serves as authorization to release information about your medical condition/treatment to your primary care doctor or other treating provider to ensure continuity of care.

ANNUAL ADMINISTRATIVE FEE: In order to provide more convenient and cost effective care, we are now initiating an annual administrative fee of \$20 at annual visits and/or new OB visit. Patients who decline this fee may face incidental charges related to commonly charged additional fees which are standard in most doctor's offices. This may include but is not limited to the following:

- Medical Records Fee: \$25
- Forms for school, work, leaves: \$35
- Missed appointments: \$50
- Rescheduled Surgeries: \$50
- Administrative phone calls/emails: \$40

This way we are able to provide more convenient and cost effective care to you. _____initial

As a patient of Novas, Dohr, Coll & Gadson Ob/Gyn Associates, S.C., your signature is required below as acceptance of our policies and acknowledgment that you have been advised of our policies.

SIGNATURE OF PATIENT

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE