



OFFICE AND FINANCIAL POLICIES

Greater Chicago Specialty Physicians (GCSP) has adopted the following policies. If you have any questions, please direct them to our Practice Administrator at 630-339-5300. We are dedicated to providing the best possible care and service to you and agreement with these policies is necessary for treatment at our facilities.

Insurance

We participate in most insurance plans. It is your responsibility to contact your insurance plan to see if we are currently in network and to verify your plan's benefit coverage including any co-pays, deductibles, and plan maximums. Please bring your current insurance card every time you visit our office. If your insurance card is not presented to us or on file, payment will be expected at the time of your visit. It is your responsibility to ensure we have your most current insurance information. Any denied claims resulting from incorrect insurance information will be billed directly to you.

Co-payments

Co-payments are due at the time of service. We accept cash, checks, Visa and Mastercard.

Past Due Balances

You agree that in order for us to collect any amounts you may owe, we or any third party with whom we contract with in regards to your account, may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by e-mail, using any e-mail address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

Credit Card on File

All patients are required to keep a credit card (or cheque) on file and sign an authorization form to charge the card for outstanding balances.

No Show, Missed, Late Arrival or Cancelled Appointments

As a courtesy, we attempt to contact every patient to remind them of their appointment but cannot always guarantee this and ask all patient to sign up for our patient portal in order to get electronic appointment reminders. It is the responsibility of the patient to arrive on time for their appointment. Cancellations must be received 48 hours in advance. We reserve the right to charge for missed, cancelled, or no-show appointments. Such fees are \$50 for no-show *follow-up* appointments and procedures.

New patients will be asked to leave a non-refundable deposit of \$100 if you no-show and reschedule or cancel late, prior to scheduling another appointment. This fee can be applied to any co-payment or deductible and any portion refunded if no balance due.

We require new patients to arrive 40 minutes prior and established patients 15 minutes prior to the appointment time to allow sufficient time to for registration. For new patients who do not arrive at least 15 minutes prior to their appointment time or for established patients who are more than 10 minutes late, we reserve the right to ask you to reschedule and treat you as a late cancellation. If you are running late we recommend that you call our office to verify your appointment will be honored. If you have 2 no shows or



OFFICE AND FINANCIAL POLICIES

late cancellations, your account will need to be made in full and will result in you being discharged from the clinic.

Appointment Frequency and Appointment Time

Most of our patients require frequent office visits to follow their medical problems and refill their medications. If you do not come to appointments as recommended by your doctor, your medication may not be filled and, in some cases, it may be necessary to terminate your care. We do not believe it is good medical practice to fill medications for patients who have not been evaluated at a reasonable frequency.

We strive to see patients at their regularly scheduled appointment time but it is not always possible. Although we dedicate an appointment time slot for patients, not every patient can be evaluated and treated during these time slots. Your provider will spend as much time as necessary to take care of any patient's primary medical problem including yours if needed. This may cause a delay in seeing other patients on time and we ask for your understanding. In addition, to minimize any delays in seeing patients, we ask that our patients be on time because if patients run even a few minutes late, this will contribute to delays for the rest of the day.

Prescription Refills, Prior Authorizations and Electronic Prescriptions

We request that you obtain refills during your office visit. The majority of prescriptions will be electronically prescribed to your pharmacy. If there has been an oversight, please have your pharmacy send us a refill request. Please plan ahead as refills may take up to 5 business days to authorize. We will only authorize refills during office hours. Medications will not be refilled if a patient continues to miss scheduled appointments or has not been evaluated by their physician in a timely manner as discussed in the Appointment Frequency section. The purpose of these appointments is to allow our doctors to discuss your clinical response to treatment, assess the continued need for medication, monitor for side effects to your prescribed medications, and review any other available treatment options.

Prior Authorizations for prescriptions or procedures may take up to 4 weeks and in some cases longer depending upon the response time from the insurance company or pharmacy benefit manager.

Our electronic medical record system accesses your prescription/medication history in order for GCSP to safely prescribe your medications.

Referrals

Some insurance plans require a referral from your primary care physician to see a specialist or to have a procedure. If this applies to you, it is your responsibility to make sure we have a referral on file to avoid any delays. If a referral is required but not on file, you agree to be responsible for any charges. If you have questions about your plan's policy, please contact the membership department of your plan.

Returned Checks

If a check is presented on insufficient funds you will be responsible to redeem the check in our office on a cash basis for both the amount of tender and a \$50 service charge.



OFFICE AND FINANCIAL POLICIES

Forms/Copies of Records

Completion of any forms can be very time consuming and you may be asked to schedule an appointment with your provider to assess and complete the requested information. An office visit will be required if deemed necessary by your doctor, so they may assess your current state of health. A fee of \$75 will be charged for all forms. More extensive forms, such as disability forms, will be charged \$100. All forms require a minimum of 10 business days to complete and if a form is requested in less time than an additional \$50 expedited fee will be assessed.

We reserve the right to charge for copying of medical records. The fee schedule related with any requests for medical records can be found on the state of Illinois Comptroller website. You may also ask our billing department and obtain an estimate of the actual costs related to your request. All requests for patient medical records by other medical providers will be done free of charge.

Disability Policy

Your health care staff cannot become involved in any disability-related activity, including filling out forms for your employer or disability insurer, making a determination about your ability to do a job, communicating with an attorney, filling out any forms such as Family Medical Leave Act (FMLA), or parking handicap passes, until you have seen your Provider at least three times over at least 6 months. This is to insure we have developed as accurate a diagnostic picture and treatment plan as possible.

Test Results

Our goal is to inform you of all lab results whether normal or abnormal. For various reasons, this may not occur or your provider may not have received results. It is the patient's responsibility to ensure they have been informed of their results and we request that if more than one week has elapsed since a test was done to give us a call to get your results. Don't assume they are normal or we received them. You understand that it is your responsibility to provide contact information where you may be reached at all times as certain tests may require urgent attention. Results that require a detailed explanation will require an office visit to review. If you have signed up for our patient portal, your results may be communicated through your portal. It is your responsibility to review any communication from us sent to you through any method.

General questions or new problems

A telephone call can never replace an office evaluation of a problem. Brief questions to clarify confusion can be answered over the phone. New symptoms or complex questions will require a visit. It is our policy to require an office visit for any acute symptoms that may require an intervention such as a prescription or tests. You must make an appointment to get an evaluation, or go see your primary care physician or go the ER if we are not able to evaluate you in timely manner.

Emergencies

Please call 911 for all emergencies or go the ER. If you need immediate non-emergent care during non-office hours, please reach us through our answering service at the main office phone number and they will attempt to contact a physician.



OFFICE AND FINANCIAL POLICIES

The federal government requires us to share our Privacy Notice, which is made available at your initial visit to our practice and is available on our website. Please review the Privacy Notice, which explains the policy on sharing patient information for treatment and billing issues.

Patient Privacy

The federal government requires us to share our Privacy Notice, which is made available at your initial visit to our practice and is available on our website. Please review the Privacy Notice, which explains the policy on sharing patient information for treatment and billing issues.