



Fertility & Reproductive Endocrinology Specialists (FRES) d.b.a. Reproductive Health and Fertility Center (RHFC)
973 Featherstone Road, Suite 100 Rockford, IL 61107 and 900 Main Street, Suite 330 Peoria, IL 61602
Toll Free 877.373.7552

FRES, SC. Financial Disclosure and Agreement

Please retain for your records & review it carefully

THIS FINANCIAL DISCLOSURE AND AGREEMENT PERTAINS TO ALL SERVICES PROVIDED AT FERTILITY AND REPRODUCTIVE ENDOCRINOLOGY SPECIALISTS (FRES, SC.) d.b.a THE REPRODUCTIVE HEALTH AND FERTILITY CENTER (RHFC).

Patient awareness and understanding of our financial policies and patient expectations are an important element of each and every visit with our Center.

INSURANCE and Billing

An insurance policy is a contract agreement between the patient and the insurance company. This contract agreement requires the patient to pay the physician's office for services provided. All questions and disputes regarding how insurance determined and applied benefits are to be directed to your insurance company.

PROOF OF INSURANCE COVERAGE

Copies of insurance cards are required for proof of coverage and submission of claim to insurance. If more than one insurance policy exists, proof of coverage is required for both insurance policies. Payment in full will be required the same day service is provided when proof of insurance has NOT been provided.

CHANGE OF INSURANCE COVERAGE

It is patient responsibility to notify the Business Office of any changes to insurance coverage on file PRIOR to any scheduled visits. Lack of notification may result in the Business Office requiring payment in full for services provided and may ultimately affect insurance payment.

VERIFICATION OF INSURANCE BENEFITS

The Business Office will verify Insurance benefits to determine the level of coverage and financial responsibility for services requested. Information obtained from insurance and/or any verbal/ written correspondence received is NOT a guarantee of payment. Any information obtained from insurance is used for the sole purpose of managing the financial aspects of patient accounts. It is patient responsibility to be aware and understand his/her insurance plan(s), limitations of coverage and benefits and to determine and/or inquire of prior authorization requirements that need to be completed prior to each scheduled visit.

BILLING

Claims will be submitted to insurance as a courtesy service to all patients. Patient assistance is required in contacting the insurance to see that payments due to FRES are received in a timely manner. Any charges not paid by insurance within 60 days may be transferred to patient for payment due. As the insurance policy is a contract agreement between the patient and insurance, it is patient responsibility to follow-up with insurance to determine the status of unpaid claims.

Patients are NOT allowed the option of directing to the business office which claims are/are not submitted to insurance. However, patients ARE allowed the option to direct to the business office to either submit all claims or not submit any claims to insurance. In the event the option chosen is NOT to submit claims to insurance, full payment for each scheduled appointment is required the same day service is provided, regardless of benefit coverage.

FINANCIAL RESPONSIBILITY

GUARANTOR

The guarantor of the account is recognized as the patient, to whom services are provided, and is financially responsible for the account. In the event the patient is identified as a minor by age, a parent or legal guardian will be recognized as the guarantor.

OUTSTANDING BALANCES

Payment for balances identified as patient financial responsibility is due in FULL prior to any scheduled treatment procedure(s) and may be requested at any scheduled office visit with or without notification via account statement. Failure to pay an account balance may result in the refusal of appointments for care that is not identified as a medical emergency and finance charges of 1.5% per month are applicable.

NON-COVERED SERVICES

Payment in full will be REQUIRED for all services on the same day.

PAYMENT

Information received from insurance will be used to determine the amount of payment that will be required from you for each visit. Please arrive for your appointment(s) prepared with payment for co-payments and/or co-insurance. Your co-insurance will be calculated as a percentage of the total fees incurred for the visit.

CO-PAYMENT

If applicable, your insurance has identified you to pay an assigned payment at the time of your visit. It is the responsibility of the insured member or patient to be aware of the insurance co-pay requirements. It is at the discretion of FRES Representative to waive collecting the assigned co-payment. If you fail to pay your co-payment upon request on a day that service is provided, a \$25.00 service fee (not billable to your insurance company) may be charged to your account.

PAYMENT OPTIONS

Accepted forms of payment are cash, personal check, Visa, Master Card, and/or Discover. Credit card payments are accepted over the telephone by contacting the Business Office Monday through Friday 800 – 430 pm (receipts will be provided upon request).



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COLLECTIONS

Lack of payment for any balance due on the account any one day after 60 days from the date the account balance is transferred to patient responsibility will result in the following actions:

- 1) The Guarantor will be forwarded to an appropriate collection agency or our attorney's office. Additional cost incurred that is transferable to the patient may include but are not limited to collection, agency fees and interest rates, attorney fees, court costs and reporter fees, and any and all other expenses which FRES, SC. d.b.a. RHFC, may incur.
- 2) **Any claim or dispute that may arise, directly or indirectly, as a result of receiving services from FRES, SC. d.b.a. RHFC MUST be resolved by a court located in Winnebago County, Illinois, for the purpose of litigating all such claims and disputes.**
- 3) Patient request for continued and/or non-medically necessary services are refused. Official dismissal from FRES, SC. d.b.a. RHFC will follow and result in refusal for all requested appointments and services.
- 4) Notification will be provided to insurance that premise for official dismissal is due to lack of payment, which may affect your health insurance policy for reasons related to breach of contract.

PERSONAL CHECKS and NON-SUFFICIENT FUNDS

In the event a check is returned due to for non-sufficient funds (NSF), the Business Office works directly with a third-party check collection agency in an attempt to electronically debit the amount of the check plus processing fees with equitable taxes. It is the discretion of FRES, SC. to terminate any attempts to collect by the third-party check collection agency and assess a \$35.00 service fee to the face value of the returned check and decline personal checks as a form of payment. Any fee incurred by FRES, SC. is transferable to the patient. Additional charges may also be incurred from your banking institution in addition to any fees assessed by FRES, SC.

FEES

FRES reserves all rights to make any and all necessary changes to its established fees at any given time without advanced notification.

DISCOUNTS

Cash discounts are not permissible nor offered by FRES, SC. d.b.a RHFC. Provider discounts recognized and identified under contract agreement with insurance is applicable ONLY to services that are covered by insurance.

COST ESTIMATES

Cost estimates are available upon request and are ONLY an ESTIMATE of fees for duration of the Calendar year within which it was requested. Fees are subject to change without prior notice. It is patient/consumer responsibility to request an up-to-date cost estimate. Out-of-pocket expense for services provided CANNOT be determined until AFTER services or course of treatment has been completed.