

**Scheer & Liesen Surgical Associates**  
**20 Tower Court, Suite A**  
**Gurnee IL 60031**  
**(847) 244-3525**

## **FINANCIAL POLICY**

*The following is our financial policies, which we require you to read and sign prior to any treatment. As a courtesy to you, we will bill your insurance company if we are given necessary forms and information at the time of your initial service. All patients must complete our Patient Registration Form in full prior to being seen by any provider at Scheer and Liesen Surgical Associates.*

***All patient/guarantors are responsible for payment at the time of service of all co-payments, deductibles or co-insurance unless prior arrangements have been made.***

*We accept Cash, Check, MasterCard, Visa and Discover. You will be charged a \$35.00 bank fee for any returned checks for any reason.*

### **Insurance Co-payments**

*Insurance co-payments are paid at the time of service.*

### **Deductible/Co-Insurance**

*If your insurance deductible is not met, full payment will be collected at the time of service. If your insurance deductible is met, your co-insurance amount will be collected at the time of service.*

*Your insurance is a contract between you (the Subscriber), your employer and the insurance company. We are not a party to that contract. Should your insurance fail to pay, for any reason, you are responsible for the balance. We will transfer liability of the claim to you if your insurance does not properly pay within 45 days. Scheer and Liesen Surgical Associates expects you to be interactive and responsible for communicating with your insurance carrier on any open claims*

### **Private Pay**

*If you have no insurance coverage or have insurance that we do not participate with, full payment is expected at the time of service.*

### **Collections**

*Once an account is placed in collections status, all future services must be paid in full at the time of service. Any balance assigned to our collection agency will be assessed a 40% fee, to offset the recovery expense.*

***I have read and agree to abide by this financial policy.***

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***(Signature)***

***(Date)***