

PERLIS WELLNESS CENTER

81 E. Scranton Ave
Lake Bluff, IL 60044

847-295-5997

PATIENT FINANCIAL RESPONSIBILITY FORM

Insurance: our office participates with many managed care insurance companies. Should your insurance coverage be with one of these companies we will bill your insurance. However, co-payments, co-insurance, deductibles, and non-covered services that have not been satisfied, are the responsibility of the patient and payment is expected at the time services are rendered. If you have an insurance with which we do not participate, we ask that payment be made at the time services are given and your insurance company will reimburse to you any amount due. As a courtesy to our patients, we will submit a claim to your insurance company.

Payment Plans: There are situations when making a payment can be a financial hardship. It may be necessary to set up a payment plan for a patient who cannot comply with our financial policy. If you are in need of special payment arrangements, please advise us prior to your visit. Co-pays are exempt. Your insurance requires you to pay your co-pay at the time services are rendered. If you are not covered by any insurance, let us know you are self-pay and ask us about our same day discount.

I authorize treatment by Dr. Cheryl Perlis. I also authorize the release of any information requested by insurance companies or liable third parties and I assign any insurance benefits to Dr. Cheryl Perlis. If the correct insurance information is not given or the proper referral is not obtained, the the patient will be responsible for the bill.

If you are uncertain whether or not Dr. Cheryl Perlis or any of our services are covered by your insurance plan, please call your insurance company before seeing the doctor.

I have read and understand the financial policy of this office. I guarantee payment of all charges incurred for the account of the below patient.

-The fee for a returned Check is \$25.00.

-There will be a \$50.00 fee for any appointments you do not keep without at least a 24 hour notice of cancellation.

-Co-pays are due in full at the time of service.

-Insurance information submitted to us past the timely filing date, will be your full financial responsibility.

-Calls regarding prescriptions and refills will be addressed only during office hours

-Charge for extensive phone consultations or after-hours requiring diagnosis, treatment, or prescriptions.

-Any costs associated with collection of patient balances.

Patient or Guardian signature

Date