

FINANCIAL POLICY

Thank you for choosing Dr. DeVito your health care provider. We are committed to the successful treatment of your condition. Please understand that payment of your bill is considered part of your treatment. Should you have any questions regarding any aspect of your financial status with our office, please feel free to contact our billing department at 630-924-0156.

Your clear understanding of our Financial Policy is important to our professional relationship.

- Insurance card(s) **MUST** be presented at time of visit. No exceptions.
- If you do not have your insurance care with you, full payment is due at the time of service. We accept Cash, Check, Visa/MasterCard, Discover and Care Credit.
- All patients must complete our “Patient Registration Form” and other related forms.
- **Please notify us immediately of any changes in your insurance or coverage.**

Self -Pay

We expect payment at the time of service. Office will not bill self- pay visits to insurance at **any** time.

Medicare

We accept Medicare assignment. As a Medicare patient, you are responsible only for the deductible if you have supplemental insurance. Medicare does not some services and supplies and we will advise you of any non-covered charge prior to the service being provided.

HMO/PPO

CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE FOR **EACH** VISIT. This is per your insurance contract. Your insurance sets the copay amounts. If you are unable to pay the copay your plan requires that you reschedule.

HMO: Patient must have your referral at the time of the visit or your plan requires you to reschedule.

PPO: Patient will be responsible for their deductible, co-payments, and co-insurance due at the time of the visit. Patient is responsible for verifying with their insurance that Dr. Michael A. DeVito is in their plan.

All unmet deductible amounts are due at the time of service.

Hospital and Surgery Center Charges

In the event that you undergo surgery in a hospital or ambulatory surgery center, a separate charge will be made by that facility. Dr. DeVito may have a financial interest in a surgery center where you will be having your surgery.

UCR (Usual and Customary Rates)

We are committed to provide the best treatment possible for our patients and we charge what is usual and customary for our area. If we do not have a contract with your insurance company, you are responsible for payment in full regardless of any insurance company’s arbitrary determinations of UCR rates.

Financial Agreement

Patient is financially responsible for all charges not covered by insurance. Past due balances may be subject to additional fees.

The office agrees to bill insurance as a courtesy; patient must submit information as needed to ensure payment for services rendered. Patient is responsible for payment for all services regardless of any insurance presented. If payment is not received from the insurance carrier or other responsible party in 90 days, patient will be billed directly.