

Olga Zarkh MD, Your Personal Doctor

*1401 W. Dundee Road, Suite 202, Buffalo Grove, IL 60089 *

*Phone: 847-818-7700 * Fax: 847-818-1718*email:info@yourpersonaldoctor.com*

OFFICE POLICY

Thank you for choosing Olga Zarkh, MD, Your Personal Doctor (“office”) to serve the health care needs for you and your family. We are pleased to participate in your health care and look forward to establishing a lasting relationship as your health care provider. As part of this relationship, we have outlined our expectations for your financial responsibility in our Policy. Please read this document thoroughly.

1. **Demographics, insurance, contact information.**

- It is important that we have your correct contact and insurance information on file. Please advise us anytime there is any change to your address, telephone, email, and other contact information. We may remind you about an upcoming appointment based on the contact information we have on file. In addition, the office staff needs accurate contact information for communications regarding medical records and billings.
- A patient is responsible to provide his/her current home/work/cell phone number, address, and email for communication needs.

2. **Eligibility, Benefits, Coverage and Other**

- An insurance plan **may** cover the following services: office visit, tests, medical procedures etc. Every insurance plan has its own regulations for benefits and coverage. Verification of benefit information is not a guarantee of payment by the insurance company. Coverage for specific medical services is typically determined by the insurance company once a claim is received from the office. It is the patient’s responsibility to understand his/her insurance coverage before medical services are rendered.
- For the most part, **the only services that are covered by the insurance company are face-to-face visits, tests, and procedures performed in the office setting with the patient present.** There are many additional services such as phone consultations and requests which are typically not covered by insurance.
- Medical services and recommendations are based on the patient’s health needs only regardless of the patient’s insurance coverage, demographics, and/or financial status. Once a patient receives a medical recommendation it is his/her right to seek a second opinion and determine if he/she wants to follow the recommended care.
- All services and products purchased at the office are NON-REFUNDABLE.
- Any services not covered by insurance must be paid at the time of the service. If it not clear whether a service is covered or a situation requires urgent attention, the office reserves the right to the bill the patient after the date of the service.
- A patient’s portion of the payment for service(s) is expected at the time of the service(s).
- Medical records are a patient’s possession that is kept in the office and is to be sent electronically to the patient per written request.

3. **The patient financial obligation (Co-payments, Deductibles and Co-Insurance etc)**

- The patient’s portion of the financial obligation is collected at the time of check-in. If it’s not paid at the time of service, it is subject to a late fee.
- Insurance deductibles, coinsurance, co-payments and fees for services that are not covered by the insurance policy are due at the time the service is rendered. If benefit information is ambiguous or not accessible, the estimated payment portion is due at the time the service is rendered. We accept cash and most major credit/debit cards. Credit cards are subject to a 5% surcharge.
- A refund is issued when an overpayment has been identified. If you feel a refund is due, please contact our office.

4. **Billing**

- If you owe additional money after your visit, you can expect to receive a statement. Statements are mailed/e-mailed out on a regular basis. Upon receipt of your billing statement, payment is expected within 30 days of the billing date shown on your statement. If the balance remains unpaid after 30 days, a late charge of 2% per month is applied to the account balance until the account is paid in full.
- Statements for the services rendered in the office of Olga Zarkh, MD, Your Personal Doctor are issued by the following companies: Olga Zarkh, MD; Lab Corporation of America; Quest Diagnostics

5. **Credit Card Authorization**

- You hereby authorize Olga Zarkh, MD, Your Personal Doctor to obtain and store your credit card information for payment of patient statement balances. Your credit card will be charged for the remainder of the patient balance after we have received your insurance payment. You have a right to request that we call you before we process this charge. A receipt will be included with your statement and the statement will be marked as PAID IN FULL.

6. **Failure to Pay**

- Patients who ignore collection notices and fail to pay their balance risk negative credit ratings and possible dismissal from the practice.
- Past Due accounts may hinder your ability to have appointments scheduled.

- Should your account balance become uncollectible or if you file for bankruptcy, we will continue to see you on an emergency basis only for 30 days, giving you time to find a new source of medical care.

7. Fees

- Returned checks are subject to a fee and your account will be placed on a “cash-only basis.”
- Failure to give 24 hours cancellation notice **by phone** or failure to keep your scheduled appointment may result in a charge. See fee schedule for details. Missed appointments represent a cost to us, to you, and to other patients who could have been seen in during the time set aside for you. We reserve the right to charge a fee for canceled or missed appointments. If you must cancel an appointment, Olga Zarkh, MD, Your Personal Doctor requires a minimum of 24 hours’ notice.
- There is an administrative fee for completing forms such as DMV, physical forms, FMLA, leave of absence, disability etc. Most forms require 5 to 7 business days to research your information and complete the form.
- There may be additional charges applied to your account if we are asked to copy medical records per patient request or participate in a Deposition or Phone Consultation on your behalf.

8. Guarantor

- Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges incurred. If another party is responsible for payment of your account, you must pay your balance in full and negotiate repayment with them outside of our office. This policy includes individuals negotiating divorce agreements.

9. Insurance

- **It is important for you to be an informed consumer, who understands the content of your insurance policy** (e.g., doctor visit coverage, referral/authorization requirements, tests, procedures). Your health insurance policy is a contract between you and your health insurance company or employer. Please note it is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals, pre-certifications, pre-authorizations and limits.
- **You must present a current insurance card at each visit.** As a courtesy to you, we will bill your insurance company directly for medical services rendered. If problems arise regarding coverage issues, we will attempt to work with your insurance company to help resolve them prior to making it your responsibility. However, please be advised that you are nevertheless ultimately financially responsible for payment of medical services rendered.
- If you do not present a current insurance card, you will be responsible for payment at the time of your visit. You will receive reimbursement if your insurance pays the claim at a later date.
- If your insurance carrier is not one with which we participate, you are responsible for payment in full. Insurance plans and Medicare consider some services to be “non-covered,” in which case you are responsible for payment in full.
- Generally, insurers are required to pay a properly submitted claim within 30days. You have a responsibility to provide information to our office so a claim can be properly submitted. If your insurance company has not paid a claim on your behalf within 90 days, the balance will be transferred to your account and you will be responsible for payment. If we receive payment at a later date, you will be reimbursed.
- If you are uncertain about your current health insurance policy benefits, you should contact your plan to learn the details of your benefits, out-of-pocket fees and coverage limits.
- Olga Zarkh, MD, Your Personal Doctor contracts with many insurance plans. Before your appointment, please be sure your doctor is in-network and the services are covered under your plan. If our providers are out-of-network, you will be billed for the cost of care.
- If we contact your insurance carrier regarding benefits or authorization on your behalf, we are not responsible for inaccurate information provided to us by your carrier. The information about your plan that we relay to you is in good faith.

10. Minors and Dependents

- Parents and guardians are responsible for payments for their dependents at the time services are rendered. Minors and dependents must present a valid insurance card at each visit if a claim is to be filed.
- The accompanying parent or adult is responsible for full payment at the time of service. In case of divorce, please do not place our office in the middle of marital disputes. It is your responsibility to workout the payment of your child’s medical care between the custodial and noncustodial parent.

11. Prompt Payment

- Just as we make every effort to accommodate you when you are in need to medical care, we expect that you will make every effort to pay your bill promptly. Payment is due at the time services are provided or upon receipt of a statement from our billing office.

12. Referrals and Authorizations

- Please be aware of and provide any required referrals or authorizations in advance of the appointment of service. If you do not provide these before care is provided, you will be responsible for the cost of the care. When in doubt contact your plan directly for clarification.

I fully understand that I am responsible for any and all charges and/or fees associated with services rendered and/or efforts by "Personal doctor Olga Zarkh, MD Ltd" to collect on monies owed by me. If any account balance should remain unpaid and the account is referred to a collection agency, I agree to pay any applicable collection, attorney, court, credit bureaus and other fees associated with collecting the unpaid balance. I understand that such fees will be added to the account balance. My signature below indicates that I have read and understood the above statements and agreed upon them.

Printed name of Patient

Signature of Patient or Legal Guardian

Date

