

Concept Care Medical & Rehab
6234 Main St.
Downers Grove, IL
60516

Our Financial Policy

If you do not have insurance coverage of any kind, you will be expected to pay for your services in full at each visit. We accept checks, Visa, Mastercard, Discover, and even cash. If you are going to be on a regular treatment plan of one or more months, it's possible a payment plan can be worked out for you. Just ask to go over this with our Financial Department, if desired.

For those patients who are covered by insurance, we will accept assignment of benefits. This means that you must sign the portion of your insurance form that assigns the benefits to our office. Most policies do not cover 100% of the cost of your treatment. Because of this, and the extreme delay in receiving payment from the insurance company, you will be asked to pay your deductible and your portion of the charges for the day or week the service was rendered. We will call your insurance company to verify your coverage and inform you of your responsibility. We will estimate as closely as possible your coverage, but until the payment is actually received from your insurance company, it is an ESTIMATE AND MAY NOT BE ENOUGH. If that is the case, you will be required to pay the amount not covered by your insurance company. If your insurance company pays MORE than we estimated, you will be given the option of crediting your account for future services/products, or receiving a check from us on the 15th day of the following month.

We will ASSIST YOU IN DEALING WITH YOUR INSURANCE COMPANY BUT YOU ARE RESPONSIBLE FOR ANY PAYMENTS THAT YOUR INSURANCE COMPANY DOESN'T COVER, NO MATTER WHAT REASON. If we have not received payment from your insurance company within 60 days of service, you will be responsible for payment in full. Unpaid balances will be charged interest at the rate of 18% a year.

If you are here due to an AUTO ACCIDENT, or WORKERS COMPENSATION, please see our insurance representative for full details of your coverage. In addition, if you have any questions that remain unanswered before or after treatment, feel free to ask our insurance representative. We value you as a patient and want to do everything we can to keep you healthy.

Sincerely,

Michael A. Fuys, D.C.
President

I, _____, understand the policy above.

Signature