

**GALESBURG ORTHOPEDIC SERVICES, LTD
834 N SEMINARY ST., SUITE 102
GALESBURG IL 61401
309-342-0194**

TO OUR VALUED PATIENT...CREDIT POLICY INFORMATION

The best health care can be provided only on the basis of mutual understanding. We encourage you to discuss with us any questions you may have regarding our policies.

INSURANCE:

We will file all charges with your insurance carrier, however we expect payment at the time of service. It is your responsibility to make sure all precertification required is completed.

PPO'S:

PPO patients must present their PPO cards at the initial visit and pay their co-pay at each visit. We handle all 2nd pay PPO accounts as a regular insurance account.

MEDICARE:

Our office will submit all Medicare claims for you and we will accept Medicare Assignment. For our patients who have supplement insurance coverage to their Medicare we will also file these claims. Medicare patients are responsible for all deductibles and co-pay balances remaining on their accounts.

PUBLIC AID:

Public aid claims will be submitted directly to the Department for payment. Public aid patients will also be held responsible for any spenddown and will also receive monthly statements for their obligation.

WORKER'S COMP:

Our workers compensation department will file your compensation claims. If the claim is denied, unsettled or unpaid within 90 days, we will request that you file a personal health insurance claim or pay the charges in full. If the situation becomes a legal matter, you are still ultimately responsible for the payment of all charges and will be asked to pay the account in full or make monthly payments.

PERSONAL INJURY ACCOUNTS:

These accounts are those in which the patient has received injury as the result of a motor vehicle accident or other personal injury. We will require that these accounts be filed with your medical insurance, auto medical or other liability insurance.

Accounts that have a balance over 90 days will be assessed a finance charge of 1 ½% per month or 18% annual. WE DO NOT accept usual and customary reductions as payment in full. You are ultimately responsible for all charges assessed to your account. Refunds are issued the month following the receipt of the overpayment on your account.

**THANK YOU FOR CHOOSING GALESBURG ORTHOPEDICS
*VISA/MASTERCARD/DISCOVER CARDS ACCEPTED***

Please retain for your records

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IN CASE OF BILLING ERRORS OR INQUIRIES ABOUT YOUR BILL

The Federal Truth-In-Lending Act requires prompt correction of billing mistakes

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

Notify us in case of errors or questions about your bill

1) If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address listed on your bill. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- *Your name and account number
- *The dollar amount of the suspected error
- *Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about, and if you wish, ask for evidence of change. Do not send in your copy of any document relating to such charge unless you have a duplicate copy for your records.

Your rights and our responsibilities after your written notice

1) We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the bill is correct.

2) After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount you question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating. However, you are still obligated to pay the parts of your bill that are not in question.

3) If we find that we made a mistake on your bill, you will not have to pay any finance charges relating to any questioned amount. If we did not make a mistake, you may have to pay finance charges and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.

4) If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write us within 10 days telling us that you still refuse to pay, we must tell you the name of anyone we reported you to. We must tell anyone we report you to that the matter has been settled between us when it finally is.

If we do not follow these rules, we cannot collect the first \$50.00 of the questioned amount, even if your bill was correct. Please feel free to contact our office should you have any questions.

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