

# Pacific Vein Care, LLC

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McHenry, Illinois 60050

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## **Acknowledgement of Financial Responsibility**

Thank you for choosing Pacific Vein Care. Our primary mission is to deliver the best comprehensive care to treat vein disease. Please understand that payment of your bill is considered part of your treatment. It is your responsibility to provide us with complete, accurate, and up to date information in order to successfully bill your insurance. Each date of service will be presented to insurance for payment. This includes MD visits, procedures, and all ultrasounds. Here are a few key components of our Financial Policy:

### **Identification/Self Pay:**

- Government issued photo identification must be presented prior to dates of service.
- Current insurance card must be presented prior to dates of service.
- We accept Cash, Check, CareCredit, Visa, Discover, and MasterCard as forms of payment.
- Cash pay patients will be required to pay an agreed upon portion for the service being rendered. Any balance due must be paid in 3 equal monthly payments.
- Patients requiring multiple dates of service, alternative payment plans may be discussed. A convenient monthly payment plan that is to exceed 3 months is available thru CareCredit.

### **Commercial Health Insurance/CHWN Site 471 HMO:**

- Co-payments will be collected prior to the service. It is patient responsibility to know if there is a co-pay.
- Co-insurance/deductible amounts will be billed after the date of service.
- Pacific Vein Care is not contracted with every commercial insurance plan. As the owner of your policy, you are responsible for verifying that we are an in-network provider.
- It is the patient's responsibility to understand their benefits. We encourage you to contact your health plan with questions about your coverage/benefits. We will share procedure codes that your health plan may request.
- Prior to services being rendered, we do attempt to get pre-authorization. We will bill your insurance directly.
- CHWN Site 471 HMO plans require a referral for every visit to our office. It is the patient's responsibility to obtain necessary referrals thru their PCP.
- HMO referrals must list each complaint and possible treatment.

### **Medicare:**

- We accept Medicare. As a Medicare patient, you are responsible for the balance left due to the difference between Medicare's approved charge and the amount Medicare pays. This includes deductibles. For patients with supplemental insurance, we will bill it directly for you. You will receive a statement for any balance due.

Failure to honor your financial obligation to Pacific Vein Care in accordance with this signed agreement will result with your account being referred to collections. Any NSF checks returned to Pacific Vein Care will be assessed a **\$30** fee. Pacific Vein Care will assess a **\$100** cancellation fee for any procedure dates of service that are cancelled less than 24 hours in advance. Pacific Vein Care will assess a **\$50** cancellation fee for any MD visits or ultrasound dates of service that are cancelled less than 24 hours in advance. This also includes NO SHOWS. Patients running 15 minutes or more late may be asked to reschedule their appointment.

**ACKNOWLEDGEMENT: I have read and understand the above financial policy, which I agree to.**

Patient name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Patient signature: \_\_\_\_\_ (signature of patient, parent, or legal guardian)