

# **Advanced Psychiatry of Elgin**

Child, Adolescent and Adult Psychiatry

2130 Point Boulevard, Suite 200

Elgin, IL 60123

Telephone: 847.783.0307 Fax: 847.783.0730

## **BILLING AND COLLECTION POLICY**

### **COPAYS:**

All copays are due at time of service.

### **BILLING INSURANCE:**

We are happy to bill your insurance company as a courtesy to you. If we are billing insurance, we will send you an invoice for your responsibility following receipt of insurance payment. All patient responsibility balances are due on or before your follow up appointment. If you are unable to make payment in full, please contact our office to make payment arrangements. Patients will not be allowed to accrue balances of \$250.00. This office will notify you prior to your follow up appointment if your account balance has exceeded the \$250.00 limit. If you are unable to bring your balance below \$250.00 before your follow up appointment, your appointment may be cancelled.

### **SELF PAY:**

This office requires payment at the time of service.

### **CREDIT CARD ON FILE:**

To best serve our patients, this office will ask for a credit card to put on file at the time of scheduling the initial evaluation appointment. If this office does not receive 24 hours- notice for cancellation of the appointment, the credit card on file will be charged \$100.00 for a missed appointment.

### **OTHER CHARGES:**

This office does charge for record release to patients and any forms or letters you may need filled out by your provider. Charges for these services are available upon your request.

This office will charge \$12.00 for a returned check for the first offense. If a second offense should occur, there will be a \$25.00 returned check fee and you will be asked to pay by cash or credit card.

This office will charge \$20.00 for call-in prescriptions unless they have been discussed in advance or are unavoidable.

This office will charge for physician and clinicians court appearances that are requested by clients. This charge will include but is not limited to a \$1000.00 retainer as well as an hourly rate of \$400.00. The hourly rate is to include time for reviewing records, court appearance and travel time.

### **COLLECTION:**

If your account is 90 days past due, you will be sent to a collection agency. You will be notified with a 30-day notice prior to being sent to a collection agency. If you are sent to a collection agency, you will be charged 30% interest on your balance. Your account will need to be paid in full before you can follow up with a provider at Advanced Psychiatry of Elgin.

With my signature below, I affirm that I have read and understand Advanced Psychiatry of Elgin's Billing and Collection Policy.

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Patient, Parent or Guardian

Date