



Thomas Rohde, M.D., LTD
3798 E. Fulton Avenue
Decatur, IL 62521

Financial Policy

1. We provide services to YOU, not your insurance company. YOU are therefore responsible for your bill.
2. **All office visits are to be paid on the day of service** by cash, check, or credit card unless you have made other arrangements with the office staff prior to the day that you are seen for your appointment. Your insurance contract requires us to collect, and you to pay, your deductible at the time of your visit. We will gladly bill you for co-payments and visits not covered by insurance, but **we will add a \$20 convenience fee** for this delayed payment service. Checks returned for non-sufficient funds will incur a \$25.00 service fee.
3. **We have a "No Show" policy.** We cannot provide you with the quality care you deserve if you or other patients miss scheduled appointments. This is a time slot that could have been extended to another patient. **We charge \$50.00 for missing a routine appointment** or for not cancelling an appointment 24 hours prior to the appointment. **We charge \$100.00 if you miss or fail to cancel a lengthy consultation or procedure appointment.** Insurance will NOT cover these fees and you will be personally responsible for them.
4. If you have insurance we will be happy to assist you in processing the claim for services rendered for up to **two** insurance carriers when the appropriate information is provided to our office. **It is YOUR responsibility to provide us with current insurance information and to understand your insurance co-payment.** Remember that insurance plans vary greatly in amounts that they will pay -- from nothing to 100% of the bill. Sixty (60) days after this office files a claim on your behalf the amount is due in full, balances carried beyond 60 days will accrue a 10.0 % interest charge per month. It is your responsibility to call your insurance company if the deadline for payment is approaching. After receiving insurance payment any balance is due in full in 15 days. If you pay and later the insurance also reimburses us, a check from us will be written to you in the amount of your overpayment.
5. We understand that work and liability accidents happen, however we do not file to workmen's compensation or to other liability insurance companies such as auto insurance. Litigation is often lengthy and payment is not received in a timely manner. We will ask you to pay for your visit at the time you are seen and provide you with a receipt to file with the carrier for your settlement.
6. There is a \$20 fee for the completion of disability forms, FMLA paperwork, auto insurance forms, and bank forms of all types. Similarly, a fee will be assessed for the provision of medical records copies in certain circumstances. This fee must be paid before any paperwork will be completed. We regret these additional charges but the number of forms completed has become overwhelming and requires considerable staff and physician time.
7. Parents: 1) By law, the legal guardian must authorize treatment of minor children for whom they have custody. If the parent cannot accompany the child to their appointment at our office for whatever reason, the parent must contact this office to speak to the nurse prior to the visit so that we may discuss treatment, and you can grant permission for treatment. 2) The parent with legal custody of the child is responsible for the bill, regardless of whose insurance policy the child is covered under. In the case of joint custody, the parent who brings the child in for care is responsible for the bill.
8. Please feel free to discuss any questions you have with our business office staff.

I have read this form and understand it. My questions have been answered to my satisfaction:

_____/_____/_____
Name Birth date Social Security Number

Signature Date