

Perry L. Kamel, M.D., S.C.
737 North Michigan Ave., Suite 620
Chicago, IL 60611
Fax: 312-573-9636
312-573-9626

Our office policy requires payment for all medical services at the time of visit, unless other arrangements have been made with the business manager.

_____ Date

PATIENT INFORMATION (PLEASE PRINT)

NAME: _____ DATE OF BIRTH: _____
 ADDRESS: _____ HOME# () _____
 CITY: _____ STATE: _____ ZIP _____ WORK# () _____
 SOCIAL SECURITY # _____ SEX: _____ CELL# () _____
 REFERRED BY: _____ MARITAL STATUS: S M D W SEP PART

PATIENT'S EMPLOYMENT INFORMATION

EMPLOYER: _____ OCCUPATION: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SPOUSE/PARTNER'S INFORMATION

SPOUSE/PARTNER'S NAME: _____ SS# _____
 EMPLOYER: _____ WORK# () _____

ADDITIONAL INFORMATION

YOUR PHARMACY: _____ PHONE# () _____
 RESPONSIBLE PARTY: SELF SPOUSE PARENT PARTNER NAME _____

INSURANCE INFORMATION

ALL INFORMATION MUST BE COMPLETED OR WE CANNOT SUBMIT YOUR FEE TO YOUR INSURANCE COMPANY

PRIMARY INSURANCE	SECONDARY INSURANCE
Policy Holder: _____	Policy Holder _____
Relationship to Patient: _____ DOB _____	Relationship to Patient: _____ DOB _____
Insurance Co. Name: _____	Insurance Co. Name: _____
Address: _____	Address: _____
City: _____ State _____ Zip _____	City: _____ State _____ Zip _____
ID# _____ Group# _____	ID# _____ Group# _____

I hereby authorize Perry L. Kamel, M.D., S.C. to furnish information to my insurance carriers concerning my treatments and illness, and I hereby assign to the doctor all payments for medical services rendered to myself or my dependants. **I understand that I am responsible for any amount not covered by my insurance(s).**

SIGNATURE _____ DATE _____
 (Patient and/or guardian, if minor)

Please complete this registration form and fax or mail back with a copy of the front and back of your insurance card as soon as possible. For office visits, we validate parking for \$11.30. Please park at 222 East Huron, The Northwestern Memorial Hospital Garage, and bring your ticket with you to the office. Discount parking is also available at 161 East Chicago, which is within the building. It is \$13 for 2 hrs. and \$15 for 4 hrs. You pay at the parking garage, but you need to bring your ticket with you to the office to be stamped.

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FINANCIAL POLICY

Your insurance statement consists of two parts--a patient portion and an insurance portion. When an insurance company is responsible for medical services, you are responsible only for the patient portion. However, when an insurance carrier delays, or withholds payment, both the insurance and the patient portion become your responsibility.

In the absence of insurance carrier payment, our office policy is to bill your credit card for payment in full. We will do our best to work with all insurance carriers.

When your account has gone beyond a 90-day limit, it is extremely important that you speak with your insurance carrier concerning payment. If the insurance carrier eventually pays for medical services, we will refund the charges we have made on your credit card.

Send To: Perry L. Kamel, M.D., S.C.
737 North Michigan Avenue
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Credit Card Information (please print):

Name of Card Holder: _____
Last First MI

Name of Patient: _____
Last First MI

Name of Card: ___ VISA ___ MASTERCARD ___ DISCOVER ___ AMERICAN EXPRESS

Card Number: _____

Expiration Date: Month (00) _____ 20_____

Authorized Signature: _____

Home Billing Address: _____

Billing Address (if different): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

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PERRY L. KAMEL, M.D., S.C., FINANCIAL POLICY

ILLINOIS STATE LAW requires insurance carriers to pay claims within 30 days of receipt. Insurance carriers who fail to comply with these state standards are subject to additional requirements and penalties. Many, in fact most, insurance carriers have been very slow in reimbursing physicians for medical services and are therefore not in compliance with these regulations.

Perry L. Kamel, M.D., S.C., has instituted a policy addressing unpaid charges which have been submitted to your carrier. If your account is three (3) months or more past due, it may become your responsibility to pay the remaining portion, which will appear on your patient account statement. We will contact you prior to making a charge to your personal credit card for outstanding balances beyond three months.

If your insurance company forwards payment after you have paid your balance, we will gladly credit your account.

We suggest that you monitor your personal account with us very closely and follow the balance as it ages beyond thirty days, at which time you should call your insurance company and request a "claim status report".

Keep in mind the following points when speaking with the insurance claim manager:

- Identify the date of service for the unpaid claim
- Record and retain the date that you called the insurance company
- Record and retain the name of contact with the insurance company
- Identify and correct the problem causing payment delay
- Verify that the insurance company has the appropriate billing information including:
 - Full name of insured
 - Full address of insured
 - Guarantors name of policy
 - Social security number for the guarantor
 - Correct billing address for your policy
 - Insurance policy number

Ask the claims manager when you can reasonably expect a reimbursement and correction of the problem.

Follow up periodically with the same person to ensure activity occurs on your personal account.

Please complete the credit card information sheet in order to ensure proper continuity of care within our practice. When your insurance carrier is holding or denying payment for medical services rendered, it is best if you call them directly with your concerns and questions.