

*Perry L. Kamel, M.D., S.C.
259 East Erie Street, Suite 1600
Chicago, Illinois 60611
Fax: 312.573.9636
312.573.9626*

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.
259 East Erie Street, Suite 1600
Chicago, IL 60611

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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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.