

Financial Policy

Thank you for entrusting Midwest Heart Specialists with your cardiovascular needs. We strive to provide excellence in all aspects of patient care. In order to better serve our valued patients, we would like to familiarize you with our financial policy.

PPO Plans

Please verify with your insurance plan that your specific physician is contracted with your plan. We have several new physicians who may not yet be contracted with the plan. This will help to ensure your services will be paid by your plan at their highest rate.

We are required under our contract with the plan to collect any co-payments, deductibles or co-insurance. Most plans have a co-payment, which you are expected to pay at the time of service. We will bill you for any deductible or co-insurance amount.

HMO/POS Plans

A referral is required before any service is rendered. If you do not obtain a referral, you may either: 1.) Sign an unauthorized waiver stating that you are responsible for payment. or 2.) Reschedule the appointment until you receive the referral from your primary care physician. The HMO plans will not pay for your services unless you obtain a referral.

We are required under contract with these plans to collect any co-payment, co-insurance and deductible amounts. Co-payment is expected at the time of service. You will be billed for co-insurance and deductible amounts.

Self Pay

Unless you are member of one of our contracted plans, Medicare, or Medicaid, please be prepared to pay for services at the time of service. We accept cash, checks, Visa, MasterCard and Discover.

Missed Appointments

A \$50.00 fee will be billed to the patient for a missed appointment if the office is not notified of need to cancel or reschedule.

If you have any questions regarding our policy or your account, please contact our Patient Financial Services office at 630/268-3500. We are open Monday – Friday, between the hours of 9am and 5pm.

I have read and fully understand the above statements regarding payment policies and agree that I am responsible for any fees incurred on account for services rendered.

Patient/Legal Guardian _____ Date _____