



Billing/Collection Policy and Procedures & Notice of Privacy Practices Acknowledgement Form

Guidelines for the collection of clinical charges are essential in ensuring that we have the necessary financial resources to serve our patients. Privacy of personal health information is essential to assure your trust. Our policies in these two areas are listed below and in the Notice of Privacy Practices given to all patients.

MEDICARE AND OTHER INSURANCE CLAIM FILING

If you are a Medicare patient and have provided us with your Medicare billing information, we will file your claim automatically. If you have other insurance and have provided us with the appropriate name and address of your carrier, the SIU Business Office will provide your insurance carrier with the necessary forms to process your claim.

If we do not have this information, you will be responsible for your bill. If you need additional assistance, the Business Office can provide any other necessary forms once your bill has been paid.

BILLING STATEMENTS

After your insurance has adjudicated your claim, you will receive an itemized statement listing the amount owed by you along with your itemized account charges, receipts, and credits. This statement combines services for all SIU providers.

PAYMENT

All charges are due and payable at time of service or upon receipt of the initial statement.

Payments can be made by cash, check, MasterCard, Discover Card or VISA. Checks should be made payable to SIU. In making payment, regardless of source, please include the lower portion of your statement to ensure that your payment is credited properly.

FINANCE CHARGES

At the current time we do not typically assess a Finance Charge. However, we reserve the right to charge one if any part of your account balance is unpaid 90 Days after the initial billing. The Finance Charge will be an amount equal to a periodic rate of 1% Per Month (Annual Percentage Rate of 12%) applied to any part of your account balance 90 Days and Older. The Minimum Finance Charge will be Fifty Cents (\$0.50) Per Month.

YOUR BILLING RIGHTS

This notice contains important information about your billing rights and our responsibilities under the Fair Credit Billing Act in case of errors or questions about your bill.

NOTIFY US IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILL

If you think your bill is wrong or you need more information about a transaction on your bill, write us on a separate sheet at the address listed on your statement. Write to us as soon as possible. We must hear from you no later than 60 Days after we sent you the first bill.

YOUR RIGHTS AND OUR RESPONSIBILITIES AFTER WE RECEIVE YOUR WRITTEN NOTICE

We must acknowledge your letter within 30 Days, unless we have corrected the error by then. Within 90 Days, we must either correct the error or explain why we believe the bill was correct.

After we receive your letter, we cannot try to collect any amount you question until we have corrected or explained the bill. We can continue to bill you for the amount in question. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.

After we have resolved the amount in question, if you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within 10 Days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. We must tell you the name of anyone we report you to. We must tell anyone we report you to that the matter has been settled between us when it finally is.

If we don't follow these rules including time limits, you may request a credit on the first fifty (\$50.00) dollars of the questioned amount, even if your bill was correct.

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ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize payment of insurance benefits otherwise payable to me, directly to SIU as the provider of services rendered not to exceed the provider's charges. I understand that I am financially responsible for

charges not covered by this authorization. It is further agreed that any credit balance resulting from overpayment may be applied to other balances.

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RELEASE OF MEDICAL INFORMATION

I hereby authorize SIU Medicine, upon the authority of this certificate or a photostatic copy thereof, to use and disclose my protected health information for the purposes of treatment, payment and health care operations. To the extent applicable, I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. I understand that I have the right to revoke this authorization at any time. If I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. I understand that authorizing the disclosure of this health information is voluntary. I can

refuse to sign this authorization. I need not sign this form in order to assure treatment.

RECEIPT OF NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT FORM

I hereby acknowledge that I received the Notice of Privacy Practices of SIU Medicine, which sets forth the ways in which my protected health information may be used or disclosed and outlines my rights with respect to such information.

Signature _____ Date _____

Medical Record Number _____