

Dr. John V. McInerney, D.O.
11824 Southwest Highway Suite 200
Palos Heights, IL 60463
708-923-1919

Our office policy regarding charges and payments for your visit(s):

Payment in full is required at the time of the visit unless other arrangements are made with the billing service. Every month where a payment is late, there will be a 25.00 late fee added.

If You Have Insurance:

It will be the patient's responsibility to obtain benefit coverage for any procedure done in this office or the hospital. Your insurance will be billed, day of visit. You will receive a monthly statement from our billing office while your insurance company is processing your claim. If payment has not been received from the insurance company after 90 days, the account balance will become the patient responsibility. Once an insurance payment has been made it will show on your next statement, and the balance is then due. If an account results in overpayment and the credit balance is due to the insured, a refund will be issued within 30 days.

Anesthesia Policy:

Please contact hospital billing.

Delinquencies:

There will be a \$25.00 service charge on all returned checks. Any delinquent account after 3 months will be turned over for collection. You will be responsible for all legal and collection agency fees.

Medicare:

As you know, Medicare DOES NOT cover any wellness exams. However, some other procedures provided by Dr. McInerney will be covered. Medicare will only cover the following laboratory tests every two years: Thin-Prep Pap, Screening; Conventional PAP, Screening; and HPV, High Risk. If Medicare does not pay for the above laboratory test, you may have to pay.

Miscellaneous:

- ❖ Saturday appointments & ultrasounds need a credit card on file.
- ❖ If you are scheduled for an ultrasound and fail to show up for your scheduled appointment without 48 hours notification you will be charged a \$150.00 fee.
- ❖ If you are scheduled to see Dr. John McInerney or Lindsay Shanahan APN and fail to show up for your scheduled appointment without 48 hours notification you will be charged a \$50.00 fee.
- ❖ At the time of your routine wellness appointment, if an additional problem is addressed, you will be responsible for your co-payment.
- ❖ If you fail to pay your co-payment at the time of visit, you will be charged a \$20.00 fee.

Patient Signature: _____ Date: _____

[Please read and sign other side]