



Guarantee of Payment

To help us continue to provide you with the best health care, we are initiating a payment guarantee program. At the time you come into the office, we request a credit card number, expiration date, and name on the card. This will be used to pay for any balance due that is 30 days late in payment. You will receive the same insurance benefits you are now receiving, including any contractual discounts. The only difference will be that you have pre-authorized us to process any outstanding balance directly to your credit card. Afterwards, we will send you a receipt in the mail. This will allow us to process your bills in the most effective manner and allow us to focus on more important issues, such as your health.

I hereby authorize DuPage Dietitians to charge my credit card for services received and to pay any unpaid balance not covered by insurance company.

Name _____

Date ____/____/____

Type of credit card:

____ VISA ____ MASTERCARD ____ DISCOVER ____ AM EX

CREDIT CARD# _____

EXPIRATION DATE ____/____

3 DIGIT SECURITY CODE _____

NAME AS SEEN ON CARD _____

I HAVE READ AND AGREE TO THE ABOVE FINANCIAL POLICY AND THE HIPPA/PRIVACY POLICY*.

SIGNATURE _____

*HIPPA AVAILABLE ON OUR WEB SITE OR ASK FOR A COPY AT THE OFFICE.

Payment Options

At DuPage Dietitians we believe a clear definition of our policies will allow us to concentrate on the big issue – **regaining and maintaining your health.**

Therefore, we offer the following payment options:

SELF-PAY:

You are responsible for payment as services are rendered. Sliding scale payment plans are available if necessary. We accept cash, check, and credit cards.

GROUP INSURANCE

Your health insurance contract is between you and your insurance company. However, we would be glad to bill your insurance carrier for you and receive payment directly from them. You remain responsible for your deductible, co-payment directly from them. You remain responsible for your deductible, co-payment, and any portion not covered by your insurance. Filing to a secondary insurance remains your responsibility.

Blue Cross Blue Shield

BCBSIL sends the reimbursement checks directly to the client hence it is mandatory that we have your credit card number or a check on our file. No exceptions will be made to this rule.

MEDICARE

We will bill Medicare and receive payment directly from them. You are responsible for any services that Medicare does not cover.