

Women's Healthcare Center Notice

Effective February 2006

Please be advised our practice will no longer see patients with IDPA insurance. If you have the IDPA insurance and need to be seen please contact The Visiting Nurses Association, located at 620 Wing St. Elgin, IL 60123. Phone: 847) 717-6455.

New Practice Policies effective 5/16/05

Please be advised our office will no longer file claims to secondary insurance companies and it will be the patient's responsibility to pay any balances left on their account. If you have a second insurance, and choose to file to them for reimbursement, it will be your responsibility to contact our billing office for the appropriate forms to submit to your secondary insurance.

We apologize for any inconvenience this may cause and look forward to participating in your future healthcare needs.

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Secondary Insurance Waiver:

I understand effective 5/16/05 Women's Healthcare Center will no longer file claims to secondary insurance company, and I will be responsible to pay any balances left on my account. If I decide to collect reimbursement from my secondary insurance, it will be my responsibility to submit the necessary forms to them. I understand I can contact the billing service for Women's Healthcare center for these forms once my primary insurance has processed my claims.

Surgery Notice:

I understand that my insurance eligibility and benefits will be checked prior to any scheduled surgery and I will be contacted with the amount I am responsible for as a result of insurance deductibles, co-insurance, and or co-pays. I will be expected to pay this amount 7 days prior to my scheduled surgery date and understand my surgery will be re-scheduled if I am unable to meet my financial obligations. I also understand if I cancel my surgery for non-emergency purposes within 7 days of the surgery date I will be responsible for a \$500.00 cancellation fee due immediately upon cancellation.

Office Procedure Notice:

I understand there will be a cancellation fee of \$100.00 for all in-office procedures including but not limited to: COLPOSCOPY, LEEP, URODYNAMICS, and PELVIC FLOOR REHABILITATION.

This cancellation fee applies for services canceled for non-emergency purposes within 48 hours of the appointment time, or if I fail to come to my procedure appointment.

Patient Signature: _____

Date: _____

NOTICE OF PRIVACY PRACTICES WRITTEN RECEIPT ACKNOWLEDGEMENT.

I, _____, have received a copy of WOMEN'S HEALTHCARE CENTER'S NOTICE OF PRIVACY PRACTICES. (HIPPA)

Patient Signature: _____

Date: _____

Women's Healthcare Center
Raja Chatterji, M.D., F.A.C.O.G. &
Humberto Lamoutte, M.D., F.A.C.O.G.,

Date:

Notice of Scheduled Surgery

Dear

The surgery discussed at your last visit has been scheduled. It is at:

Place:

Date:

Time:

Your insurance has been contacted and your benefits and eligibility have been verified. Your insurance company indicated due to your current deductible, co-insurance, and or co-pay your responsibility is: \$_____.

This amount is now due. Please submit to office at least 7 days prior to your surgery date. If this payment is not received it will result in your surgery being rescheduled.

Thank you for your cooperation in this matter.

Sincerely,

Women's Healthcare Center.

HUNTINGTON COURT
2230 N Huntington Drive. Algonquin, IL 60102 (847-854-0688) (Fax 847-854-0696)
ELGIN PROFESSIONAL PLAZA
750 Fletcher Drive Suite 206. Elgin, IL 60123 (847-931-1813) (Fax 847-931-1861)
ALEXIAN BROTHERS MEDICAL PLAZA
1786 Moonlake Blvd. Suite 202. Hoffman Estates, IL 60194 (847-252-7923) (Fax 847-252-7934)