



Allied Bone and Joint  
 Allied ENT Specialty Center  
 Allied Hearing & Balance Center  
 Allied Physical Therapy

Chadwell Facial Plastic Surgery  
 General and Vascular Surgery  
 Michiana Obstetrics & Gynecology  
 Michiana Sleep & ENT Solutions

ObGyn Associates of Northern IN  
 Pediatric Associates of South Bend  
 Urology Associates of South Bend

### **Patient Financial Summary**

Allied providers are committed to providing you with the best specialty care possible. While clinical care is the utmost focus of our relationship with you, we also know that financially paying for care involves complicated and often burdensome circumstances. While we aim to be understanding and flexible, we must also adhere to specific billing requirements. We commit to helping you understand your financial options and have personalized staff ready to assist you. We ask that you review this summary and discuss any questions or concerns with the practice or Billing Office.

**Billing Office Phone: (574) 251-2100**

**Payment Options:** Allied accepts multiple forms of payment for services including:

- Cash, check, or credit cards payments made in person, by mail, over the phone, online, or via the patient portal
- Payment plans
- Personal credit accounts (Examples: Honor Care & Care Credit)

Statements will be sent after insurance payments have been confirmed. It is your responsibility to pay the amounts due or arrange a payment option with the billing office. A \$20 fee will be charged if a check is returned for insufficient funds.

**Insurance payments & patient responsibilities:** Our office will bill your insurance as a courtesy on your behalf. It is your responsibility to verify and complete the following or you may be responsible for the full costs of your services.

- Bring your insurance card to every visit
- Correct inaccuracies or missing insurance plan information that may prevent us from billing
- Pay copayments, deductibles and co-insurances as required by your insurance plan
- Confirm whether or not a service is covered by your insurance plan
- Obtain a referral or authorization if required by insurance
- Verify whether or not Allied providers are in or out of network for your plan and how this impacts coverage and payment of your services
- Pay down payments or prior balances as indicated by the practice

A decision to proceed with services without the appropriate referral, authorization, network participation or insurance coverage may result in a balance due on your account.

**Patients without insurance coverage:** Allied may provide a discount to patients who do not have insurance or who wish to receive services not covered by their insurance plan. When possible, practice staff will provide you with an estimated cost which must be paid within 30 days of the service, otherwise the offer for the discount will be rescinded. The estimate provided is not a guarantee of the final balance. (*Discounts do not apply to Chadwell facial plastic, cosmetic, aesthetic & skin care services & products.*) OB patients that do not have insurance in effect at the time of their OB first visit are required to pay 50% of the fee for a vaginal delivery at time of service. The remaining balance will be due in full by the 7<sup>th</sup> month.

**Payment Plans:** Allied offers the following standard payment plans, in addition to personal credit options such as Honor Care and Care Credit. If a payment plan is not selected by calling the Billing Office with 30 days of receiving your initial statement, no payment plan will be offered.

<\$100	None
\$100-\$199	3 months
\$200-\$499	6 months
\$500-\$899	9 months
>\$900	12 months

**Hardship:** Patients with family household incomes within 100 to 200% of the Federal Poverty Level may qualify for specific financial assistance. Please inquire with the Billing Office for required applications or documentation.

**No-show:** Some practices may charge a no-show fee if an appointment is missed without any prior notification.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_