

## Financial and Operational Policy 2026

I authorize payment of medical benefits for services rendered to me.

I authorize the use of my below signature on all insurance submissions.

I understand that payment is required for all services at the time they are rendered unless I am in an insurance plan in which the practice participates. For those patients, I understand that my insurance will be billed for today's service. However, any copays, deductible, co-insurance and/or out of pocket amounts remaining will be collected at your day of service. I understand that I am fully financially responsible for all charges not covered or denied by my insurance plan. Payment from insurance companies is expected within 30 days of the date of service. If payment is not received within 35 days of the date of service, a service charge may be applied.

I understand that payment is expected and appreciated at the time of service. Failure to pay the bill will result in additional fees for collection agency or attorney costs. The practice reserves the right to refuse to see a patient whose account has been sent to collections for non-payment. We appreciate your understanding.

I understand that if my account is turned over to collections for non-payment, an additional 35% of the outstanding balance will be added to my account. We reserve the right to increase this fee at any time.

For our Medicare patients:

Please note that we will only collect from you for co-pays, cancellation fees and balances not covered by your insurance on the day of service. We will not attempt to collect eligible Medicare charges from you.

Cancellation Fee:

If you are unable to keep an appointment for any reason, we ask that you kindly provide us with a minimum of 24 business-hour notice.

If you are unable to give a notice, you will incur a no-show or cancellation fee.

Late Arrival: We understand that delays happen; however, we must try and keep the other patients and our providers on time. If you do not contact us advising us that you are delayed and have not received a verbal "okay" and are here over 10 minutes past your scheduled appointment time, we may have to reschedule your appointment. You will be held liable for a

Finance Charge for Unpaid Balances and Additional Fees:

We may charge 1% per month interest on all unpaid balances to the extent permissible under applicable law and in accordance with any policies established by your insurance providers. Finance charges will not be applied to patients where the services are covered by Medicare or where your insurance does not allow this.

You understand that any request for copies of medical records will incur a handling and copying fee per the amount set forth in the Illinois statute.

Prior to your scheduled procedure or visit, you are requested to pay for any co-pays, unmet deductible balance, non-covered services, co-insurance amounts or any other non-covered expenses that are identified by your insurance company upon verification of benefits.

If, after you have paid the outstanding balance, your insurance carrier follows through with payment, we will certainly credit your account. We strongly suggest you monitor your personal account with us.

You may contact our office manager at 312-579-0700 or via email at [info@mdaestheticsder.com](mailto:info@mdaestheticsder.com) ) as well as your insurance provider to request a "claim status report."

I authorize (by supplying my home phone number, mobile phone number, email address and any other personal contact information) my health care provider to employ a third-party automated-outreach-program to use the name of my provider, the time and place of my scheduled appointment and other limited information for the purpose of notifying me of a pending appointment, a missed appointment, overdue exam or balance due.

I consent to the receiving of an email reminder of my appointment, a text message reminder of my appointment and a message about my appointment being left on my voicemail, answering machine or with another individual, if I am unavailable at the number provided by me. This will only be notification of the provider, day, time and location of your appointment. No other information, such as what the appointment is for, will be given out.

Keep in mind the following when speaking to your insurance provider representative:

- Identify the date of service for the unpaid portion
- Record and retain the date you called your provider
- Record and retain the name of your claim representative
- Identify and correct the problem causing the payment delay
- Verify that your insurance provider has the appropriate billing information including:
  1. Full name of insured
  2. Complete address of insured
  3. Guarantors name for the policy
  4. Social Security Number for the guarantor
  5. Correct billing address for your policy
  6. Insurance policy number

Be sure to ask the claim representative when you can reasonably expect a reimbursement and correction of the problem, and follow-up with the same claim representative if you have not received timely payment.

Please remember we directly bill each of our patient's insurance providers as a courtesy to our patients and use our best efforts to work with each patient and their provider to reconcile any payment disputes; however, there is a limit to the services we can provide due to the high administrative cost involved. Again, we strongly suggest that you personally monitor your account carefully and we will ensure our best efforts to make this as smooth a process as possible.

I acknowledge that I have been offered and reviewed this office's Notice of Privacy Practices (HIPAA).

By signing this document, I am agreeing to the terms of this Financial Policy, as documented below.

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Patient or Legal Guardian  
DOB: