SELF- PAY FINANCIAL PAYMENT POLICY

PAYMENT IS DUE AT THE TIME OF SERVICE

PATIENT ID#_____

The self-pay policy has been established to help us continue to provide patients with the best quality of medical care. This policy is intended to assist patients in receiving care at fees that are reasonable and specific to services provided. By electing to be self-pay for services from Pain Specialists of Greater Chicago, you will be responsible to pay for office visits and/or MRI/CT/X-ray /other LAB tests (including screening tests) as ordered by Pain Specialists of Greater Chicago.

- **Patients must pay for visit and any balance in full at time of appointment or appointment will be rescheduled. Balance expected to be paid in full by the next appointment date.**
- **Pre-payment will be required before any in-office or outpatient surgical procedure is scheduled.**
- **Ambulatory Surgical Centers are separate entities and will have their own self pay patient payment criteria. The Ambulatory Surgical Center will contact you regarding fees. Any payment arrangements made are entirely at the Surgery Center's discretion.**

FEE SCHEDULE:

NEW PATIENT - $274.00 expected at time of appointment. This includes the office visit fee of $147.00 and lab test fee of $127.00

ESTABLISHED PATIENT-
Subsequent visit fees - $100 .00 Expected at time of appointment
Lab Test fees - $127.00 Expected at next appointment

Cancellations/Missed appointments - Failure to keep your appointment or failure to cancel your appointment within a 24 hour notice to fill the time slot we have reserved for you will result in a penalty charge of $50.00, except in the case of a Procedure the charge will be $150.00
I have read and understand the payment policy and agree to abide by the terms stated above. Any questions I may have about this form have been answered to my satisfaction.

PATIENT NAME _____
(OR RESPONSIBLE PARTY PARENT, GUARDIAN, ETC)

PATIENT SIGNATURE_____DATE:_____

VERIFIED BY PSGC EMPLOYEE (NAME) _____DATE:_____

PAIN SPECIALISTS OF GREATER CHICAGO

7055 HIGH GROVE BLVD• SUITE 100 • BURR RIDGE, IL 60527

630-371-9980 •• 630-371-1555