



Insurance Communications Consent (ICC)

Insurance Company: **BCBS AETNA HUMANA CIGNA W/C UHC SELFPAY Other:** _____

TBD Note: _____

Procedure Date: ____/____/____ Post-op Date: ____/____/____ Post-op Time ____:____ AM/PM

Patient Name; Last _____ First _____ Date of Birth ____/____/____ ID# _____

TO RESCHEDULE/CANCEL YOUR PROCEDURE CONTACT PSGC AT 630-371-9980 & SURGICAL CENTER 24 HOURS BEFORE SCHEDULED PROCEDURE DAY OR A \$150 NO SHOW FEE WILL BE CHARGED TO YOUR ACCOUNT

DR SCOTT GLASER

DR. IRA GOODMAN

*****The Surgical center will call you with time of arrival & instructions***Procedure order valid for 30 Days*****

<p><u>MAGNA SURGERY CTR.</u> 7456 S. State Road 3rd Floor Bedford Park, IL 60638 (773) 445-9696 Weight Limit: 400lbs</p>	<p><u>PALOS SURGICENTER</u> 7340 W College Dr Palos Heights, IL, 60463 (708) 361-3233 Weight Limit: 350lbs</p>	<p><u>HINSDALE SURGICAL CTR.</u> 10 Salt Creek Lane Hinsdale, IL 60521 (630) 325-5035 Weight Limit: 400lbs</p>	<p><u>ILLINOIS SPORTS MEDICINE AND ORTHOPEDIC SURGERY CENTER</u> 9000 Waukegan Rd, Ste 120 Morton Grove, IL 60053 (847) 213-5444 Weight Limit:400</p>	<p><u>CHICAGO SURGERY CTR</u> 3536 W Fullerton Ave Chicago, IL 60647 (312) 761-0100 Weight limit -350 lbs</p>
---	--	--	---	---

*****ABOVE FACILITIES AND ANESTHESIOLOGIST FEES ARE SEPARATE ENTITIES FROM PSGC PLEASE CALL THEM DIRECTLY REGARDING SURGERY CENTER/ANESTHESIOLOGY BILLS*****

As a patient I fully understand failure to call my insurance company may result in non-payment and I can be held responsible for the outstanding balance. Benefits verification/ Authorization contains general reimbursement information based on medical necessity and is not a guarantee of payment by my insurance company and is provided to me by PSGC-

By signing this form I am fully responsible for any balance due to non-payment by my insurance company.

*****Insurance Companies that require authorization: IN/OUT Network Benefits Please See Attached*****

Ins. Rep. Name _____ Call Ref. # _____ Pre-certification Required: Y/N

Patient Signature: _____ Date: ____/____/____ PSGC Rep: _____