

## **Financial Policy**

SWAN Primary Care is committed to providing you with the best possible medical care. To ensure transparency and clarity regarding our financial practices, we have established the following financial policy.

### **1. Insurance Coverage:**

- We accept most major insurance plans. It is your responsibility to provide accurate and up-to-date insurance information at each visit.
- Co-payments, balances, and non-covered services are due at the time of your appointment.
- If we are unable to verify your insurance coverage, you may be asked to pay in full for the services rendered until coverage can be confirmed.

### **2. Self-Pay Patients:**

- For patients without insurance coverage, payment in full is due at the time of service, unless other arrangements have been made in advance.
- We offer discounted rates for self-pay patients. Please inquire about our self-pay pricing options.

### **3. Payment Methods:**

- We accept cash, checks, and major credit/debit cards. Payment can be made in person or over the phone.
- If you prefer to pay your bill online, please visit our website [swanprimarycare.com](http://swanprimarycare.com) and follow the instructions for secure online payments.
- All returned checks will be subject to a service charge of \$50.

### **4. Billing and Statements:**

- We will submit claims to your insurance company on your behalf. However, you are ultimately responsible for the payment of any remaining balance.
- Monthly statements will be provided to keep you informed of outstanding balances.
- It is your responsibility to notify us of any changes to your insurance coverage or personal information.

### **5. Past Due Balances:**

- Any outstanding balance not paid within 30 days of the statement date may be subject to late payment fees or collection efforts.
- In the event of unpaid balances, we reserve the right to suspend further services until the account is resolved.

### **6. Collections:**

- In the event that your account is turned over to a collection agency, you will be responsible for all collection fees and costs incurred.

### **7. Financial Assistance:**

- If you are experiencing financial hardship, please contact our office to discuss available options or payment plans. We are committed to working with you to find a solution.

### **8. No Show/ Late cancellation Fee**

- No-Show Fee: A fee of \$25 will be charged to patients who fail to show up for their scheduled appointment without notifying us at least 24 hours in advance. This fee must be paid prior to your next appointment.

- Late Cancellations: Appointments canceled less than 24 hours before the scheduled time will also be considered as a no-show and will incur the \$25 no-show fee.
- How to Cancel Your Appointment: To cancel an appointment, please call our office at 630-931-2929 or text at 224-806-4774 during business hours.
- **Insurance Exceptions:** Some patients may be exempt from the no-show fee due to restrictions outlined in their insurance contracts.