

Al-Shifa Health Center
Dr. Waleed Gabr
319-B Veterans Parkway
Bolingbrook, IL 60490
(630) 679-0276

PATIENT CARE FINANCIAL AGREEMENT

Dear Patient,

We want you to have a clear understanding of our policy concerning payment and insurance. Our office accepts cash, checks, Visa, MasterCard, Discover, Diner's Club International and American Express cards.

If you have NO INSURANCE you will need to pay your charges in full on each visit or per set agreement made with office manager.

If you have HEALTH INSURANCE:

Please bear in mind that you are ultimately responsible for payment of your charges in full.

1. On each visit, you will need to pay the estimated percentage of your charges and procedures received possibly not covered by your insurance.
2. You may choose to pay your co-payment on a weekly basis. If the weekly estimated portion is not greater than seventy (\$70.00) dollars.
3. Under no circumstances, patient's open account is to exceed a hundred (\$100.00) dollars, per week unless prior arrangements had been made with our office.
4. Any insurance checks you might receive are to be brought to our office promptly.
5. Any amount not covered by your insurance should be paid within thirty (30) days of your being notified of the amount.
6. If account exceeds a 90 day notice, be advised that your account will go to a collection agency, at which point we will add a \$15.00 service charge each month to your account until the debt is paid in full.

Signature: _____

Date: _____