

# Midwest Wellness Center Associates Ltd.

## Shalini Chawla MD LLC

519 N Cass Ave, Suite 204, Westmont, IL 60559; PH: (630) 541-9560; Fax: (630) 541-8381  
836 W Wellington, Suite G346, Chicago, IL 60657; PH: (773) 296-7147; Fax: (773) 296-3957  
www.midwestwellnessca.com

### — FINANCIAL POLICY AND AGREEMENT —

Thank you for choosing us as your health care provider. We are committed to providing you with the best care possible. Please read the following information carefully and completely. Should you have any questions, please contact one of our staff immediately. Your clear understanding of our Financial Policy and Agreement is important to our professional relationship. You must sign and date this form prior to the beginning of care.

#### PRIMARY INSURANCE

Insurance coverage is a contract between the patient and the insurance carrier.

**All co-payments, deductibles, and payments for non-covered services are due at the time of treatment.** (For your convenience, we accept MasterCard, Visa, American Express, Discover, as well as personal checks.)

As a courtesy, and upon your request, we will submit billing to your primary insurer on your behalf. If you wish us to provide this service, please provide our staff with a copy of your health insurance membership card. We will contact your insurer for verification of mental health coverage, and discuss the coverage with you. (If you do not wish us to submit billing or if you are not able to provide this information to us before your first appointment, you must make payment in full at the time of service.) As above, patients or their guardians will be responsible for all charges, including any for deductibles, co-payments, and non-covered services as defined by their insurance plan. By law, the insurance carrier must remit payment or deny the insurance claim within 30 days of initial notice of claim. If an insurance problem occurs, we may ask you to assist our office in contacting the carrier and/or in filing a complaint with the State Insurance Commissioner.

In the event that your insurance (or PPO/managed care) company indicates that your coverage has been terminated or that they need further information from you before processing claims, you agree to pay the balance due to us at that time (you will then receive the payment from your insurance company at such time as the matter is resolved).

#### SECONDARY INSURANCE

We are unable to directly bill secondary insurers, with the exception of patients covered by Medicare and Medicaid. Billing any other secondary insurance must be done by the patient. If you have secondary insurance for which we would otherwise be considered “in-network” or “contracted” providers, please note that any and all services provided by us must be considered “non-covered” services under such contracts. The balance due on your account, after receipt of payments from primary insurers, must be paid in full by you. We will provide you with the documentation reasonably necessary for you to file your secondary insurance claim. If multiple copies are required for any reason, we will charge you reasonable administrative and copying fees.

#### PREFERRED PROVIDER (PPO) / MANAGED CARE (MCO) PLANS

There are numerous insurance networks in the Chicago-land area. Our physicians are not a part of all of these networks, and, therefore, we have not agreed to accept a reduced fee from all insurance companies. Many insurance companies pay a different percentage of charges based on whether or not the physician is a part of their network. It is the responsibility of the patient to know and understand the benefits of his/her particular insurance plan.

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### PAYMENT

1. Payment is expected at the time of service. For your convenience, we provide you with the Easy-Pay program, in which we charge your credit card with balances due. *Balances are not allowed to accumulate.* Should you be enrolled in a PPO or managed health care plan, we require that you make your co-payment (including deductibles and/or any co-insurance amount) at the time of each visit. **If you are more than two visits or 60 days behind in payments, NO new sessions will be scheduled until the balance of your bill, which is your responsibility, is paid.** If we can no longer service you due to lack of payment, we will assist you in finding alternative care.
2. If you prefer to file your insurance on your own or to not use insurance, payment must be made in full at the time of each visit. We will be happy to provide you with a “superbill” to assist you if you file your own insurance claims.
3. Once you reach your maximum level of insured services, further services must be paid for on the date of service.
4. While the filing of primary insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. We realize that from time to time temporary financial problems may affect timely payments of your account. If such problems do occur, please contact us promptly for assistance in management of your account — payment plans, “sliding scale” fee reductions, and other accommodations are available upon request, based upon financial need.

### NON-COVERED SERVICES

Some of our services may not be “covered” or reimbursable under your insurance contract. This may occur because you have reached your maximum of reimbursable expenses through that insurance company; or because your insurance company does not cover the particular service provided (such as Late-Cancellation fees, No-Show fees, between-session prescription refill fees, and charges for time involved in telephone calls, record reviews, report writing, traveling to and attending a school staffing, or other services depending upon the individual insurer’s contract policies). Frequently, managed care plans require a “certification of medical necessity” for particular services, and will deny payment to the physician if the MCO has not granted such “certification” (such procedures may be imposed by your insurer even when we are not members of their network.) We will make our best efforts to obtain such “certification” for our services to you, and to keep you apprised of the certification status of your care. You may continue in treatment with us regardless of “certification” status; however, payment for services requested by the patient or guardian and not covered by insurance reimbursement will become the patient/guardian’s responsibility and must be paid directly by you as the services are rendered. Time required to complete billing/certification paperwork for your insurance company, reports for others (e.g., physicians, school personnel, employers), and any other paperwork that your particular insurers or others require, will be billed to you at our regular rates. We also charge a reasonable fee for the copying of records. You are fully responsible for payment for any such “non-covered” services.

### LATE PAYMENTS

Late payments will result in additional charges, including an interest charge at the rate of 9% per annum, compounded monthly. If an outstanding balance is unpaid beyond 90 days, Shalini Chawla MD LLC, may use an attorney and/or a professional collection service to obtain the unpaid balance. Costs of any such litigation and/or collection service will also be charged to you, in addition to interest on the outstanding debt. Such additional charges and fees are not covered by insurers, and are the patient’s and/or Responsible Party’s sole responsibility.

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### RESPONSIBLE PARTY

If the patient is a minor (or is subject to guardianship under Court Order), a parent or guardian must (1) consent to treatment and (2) accept responsibility for payment for our services. In the case of divorced or separated parents – other arrangements (including Court Orders and Decrees) notwithstanding – the parent or guardian signing this form will be the party billed and agrees to be personally liable for any and all co-payments and other balances outstanding. Reimbursement (from co-parents or other parties) to the Responsible Party signing this agreement must be handled directly by the Responsible Party; our office cannot bill such third parties.

### LEGAL SERVICES FOR PATIENTS

If at any point during or after treatment you, or an attorney or judge, ask our staff to become involved in legal proceedings (*e.g.*, phone calls with attorneys, letter/report writing for attorneys or the court, testimony, etc.) we will require that you provide us with a retainer of at least \$500.00 before we will provide such services. The cost for these litigation-related services is billed in quarter-hour increments at \$250.00/hour. Whenever the retainer credit balance falls below \$500.00, payment must be made such that a “rolling” retainer credit balance of \$500.00 is maintained, before further such services will be undertaken by us. No services will be undertaken until all retainers and balances are paid. We will return all unused moneys from retainers to you immediately once you have indicated in writing to us that our staff will no longer be involved in the proceedings. You may also be required to sign a separate contract, which more specifically addresses legal issues. Please note that litigation-related services provided to you as our patient are entirely distinct from Forensic Consultation as such, for which the parties must contract in advance, and which is billed at entirely different (higher) rates. In addition, particular ethical rules apply to such formal Forensic Consultation, which may, depending on your circumstances, limit our ability to provide certain services.

**Thank you for understanding our Financial Policy and Agreement. If you have any questions, please do not hesitate to ask us – we are here to assist you. Please sign below indicating that you have read and understand this policy and agree to abide by it.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Of Patient, if over age 18

Signature \_\_\_\_\_ Date \_\_\_\_\_

Of Guardian and/or Financially Responsible Person, if applicable