

**NORTH SUBURBAN HEALTHCARE FINANCIAL POLICY**

I AM PROVIDING ACCURATE INSURANCE INFORMATION, IF INSURANCE DOES NOT PAY I AM RESPONSIBLE FOR 100% OF THE BILL.

I WILL PAY OUT OF POCKET ANY OUTSTANDING BALANCE THAT MY INSURANCE DOES NOT COVER WITHIN 60 DAYS AFTER RECEIPT OF BILLING STATEMENT.

I AM AWARE THAT THE ACCOUNT WILL BE SENT TO COLLECTION AFTER 90 DAYS OF NON PAYMENT AND I WILL BE RESPONSIBLE FOR THE COLLECTION FEES.

PAYMENT PLANS CAN BE ARRANGED FOR BALANCES OVER \$100.00.

Name \_\_\_\_\_ Date \_\_\_\_\_

Siganture \_\_\_\_\_