311 West Lincoln • Suite 300 • Belleville, Illinois 62220-1902 Office 618-234-2566 • Exchange 618-234-4143 • Fax 618-234-5650

PATIENT RESPONSIBILITY STATEMENT - THIS IS YOUR COPY TO KEEP

As a patient, you should expect to provide and discuss the following at each visit:

HEALTHCARE REGISTRATION

- Please arrive 15 minutes early to each appointment to complete appropriate administrative work.
- Current insurance card must be provided at each visit or will be required to pay for the office visit in full.
- Update demographic information including current contact information as applicable.
- Pay current co-payment amount as required by insurance plan and any outstanding balance due.
- It is your responsibility to know the coverage and requirements of your health plan regarding diagnostic testing, physical exams, physician referrals, and other preventative services.
- There will be a charge for the following:
 - Copies of medical records
 - o FMLA/Disability forms
 - Returned checks

HEALTHCARE INFORMATION

- Provide to nurse a current list of medications including prescriptions, non-prescriptions, and vitamins.
- Comply with suggested treatment plans from the physician. Any suggested treatment plan refused by the
 patient will be documented in the medical record. It is the responsibility of the patient to re-schedule
 cancelled office appointments and any scheduled tests.
- Provide to practice any documents regarding advanced directives, living wills, or healthcare power of attorney.

HEALTHCARE MAINTENACE

- Medication refills will be accommodated during normal business hours.
- If you are experiencing an emergency, go to the nearest hospital Emergency Department for medical
 evaluation and treatment.

PATIENT FINANCIAL RESPONSIBILITY

- Belleville Family Medical Associates, Ltd. will file all claims with your insurance company; however, it is
 ultimately your responsibility to pay the remaining balance which is not covered by insurance. You will
 receive a statement for the amount which is not covered.
- Claims will be submitted to primary and, if applicable, to secondary insurance companies using the insurance
 information on file. At no time will a diagnosis be changed if the insurance company does not pay for a noncovered service.
- It is the responsibility of the patient to provide the practice with any new insurance information including
 new or replacement cards. If your insurance company has changed and the practice was not notified, the
 previous carrier has most likely been billed. You may be responsible for payment should the current
 insurance company deny the claim.
- Payment policy is available upon request or on our practice website: www.bellevillefamilymedical.com

NO SHOWS/CANCELLATIONS

- Please call at least 24-hours in advance to reschedule an appointment so that appointment time may be given to another patient.
- Three "No Show" appointments without at least 24-hour notice will result in dismissal from the practice.
- Frequent cancellations may result in dismissal from the practice.

- DIPLOMATES -

AMERICAN BOARD OF FAMILY PRACTICE

DOUGLAS C. DESPAIN, M.D.

WALLACE K. ABEL, M.D.