



*Crescent Primary Care Physicians*

where caring for your family comes first

2132 Deep Water Lane  
Naperville, IL 60564 Suite 228  
Phone: (630) 922-1400 Fax: (630) 904-7378

**Fowzia Ghouse, M.D.** • **Aruna Galla-Pagadalla, M.D.** • **Kaleem Khan, M.D.**

---

## Office and Financial Policies

**Insurance:** As a service to you, we will bill most primary insurance carriers (we will also bill secondary carriers when info is provided). It is your responsibility to provide current insurance information to our office prior to receiving services. Although we provide this service it is impossible for us to be aware of the multitude of individual requirements and coverage limitations of each plan. Therefore it is your responsibility to know the requirements and limitations of your plan.

**Lab Work:** Crescent Primary Care Physicians most commonly uses Quest Diagnostics for laboratory services. If your insurance requires another lab it is your responsibility to make our staff aware of which lab is required prior to specimens being obtained. Labs will bill your insurance carrier independently, as these services are not provided in our office. Crescent Primary Care Physicians cannot guarantee coverage for lab services and it is your responsibility to resolve any remaining balances or billing disputes with the lab directly. Contact your insurance carrier with questions regarding lab benefits and limitations prior to specimens being obtained. Upon request, we will do our best to provide you with any necessary information in order for you to obtain accurate benefit information from your insurance carrier.

**Copays and Balances:** Copays are due at check-in before services are rendered. Failure to make your copayment may result in your appointment being rescheduled. Outstanding balances are also due before further services are rendered. You will receive a statement showing any remaining balances due. If your account becomes delinquent all fees incurred with the collection process (collection agencies, court costs, etc.) plus an additional 30% will be added to your outstanding balance and will be your responsibility. Delinquent account standing may also result in non-urgent services being postponed until such time that your account is paid in full.

**Cancellation and No-Shows:** We ask that if you are unable to be at your appointment you call 24 hours in advance, however we understand urgent situations arise and offer some flexibility. Failure to cancel prior to your appointment time will result in a \$20 no-show charge. The charge for missed procedure appointments is \$30.

**Minors:** Minors must be accompanied by a parent or legal guardian to their first appointment. Parent(s) or guardian(s) are responsible for providing current insurance information and payment in full for copays and/or outstanding balances. For future visits, unaccompanied minors must have written authorization from a parent or legal guardian before services can be rendered.

**HIPAA:** You hereby acknowledge that you have had made available to you a copy of Crescent Primary Care Physicians' (the "practice") Notice of Privacy Practices (the "notice"). The notice contains information regarding potential uses and disclosures of your protected health information ("PHI"), as that term is defined under the Health Insurance Portability and Accountability Act of 1996 "HIPAA", that may be made by the practice, and of your rights and the practice's legal duties with respect to our PHI. Upon your request a copy of the notice will be given to take with you.

---

Patient's name

---

Signature of Patient or Parent/Guardian

---

Date