



Dr. Olena Gordon M.D  
8937 W Golf Road Niles, IL

## Financial Policy & Guidelines

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Thank you for choosing **Wellness Medical Center** as your healthcare provider. We are committed to providing the best possible care. Please understand that management of your billing is important in ensuring that we can continue to take care of your health care needs.

- As a service to you, our office will bill your insurance for services provided to you if you can provide proof of eligibility for that date of service, such as valid insurance card with contact information. You are responsible for any amounts not included in your plan.
- Co-pays and any past due payments are due at the time of check-in.
- You may be asked to present your insurance card at any visit.
- If a balance is has been past due 60 days or more, Wellness Medical Center will turn over the account to an outside collection agency.
- It is your responsibility to know the guidelines and restrictions of your policy.

Your monthly insurance statement consists of two parts

1. Patient Account
2. Insurance Account

When an insurance provider is held accountable for services provided, you are only held liable for what is considered the patient portion. When your insurance provider pays its portion, you will be accountable to submit this payment within **thirty (30) days** from receipt of our billing statement. If not, your payment will be charged on the credit card on file at **Wellness Medical Center.**

### Credit Card Information:

Card #:

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Circle:                      VISA                      MASTERCARD                      AMEX                      DISCOVER

EXP:     /     /

CVV:

Zipcode: