



600 Waukegan Rd, Unit 132  
Northbrook, IL 60062  
847-784-8733  
kidnectivity.org

## Financial Responsibility & Billing Policy

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Guarantor for this account: \_\_\_\_\_  
Relationship to patient: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Kidnectivity will verify the patient's insurance benefits if we are billing insurance, but this verification is not a guarantee of payment.** We will perform a benefits check for all insurance providers, regardless of whether we are an in-network or out-of-network provider. The guarantor (either the patient or person named) is responsible for payment of any and all balances on the account (copays, coinsurance amounts, visit charges not covered by insurance, and missed appointment charges.)

**Kidnectivity will send out monthly invoices on the 28th of each month.** You will receive a statement even if your current balance is \$0 so you can see any charges awaiting insurance review. Payment is due upon receipt.

**If after 90 days from date of initial claim filing, we have not received payment from your insurance company, the full payment becomes the responsibility of the guarantor.** We will continue to pursue reimbursement from the insurance company and resolve any payments from them with you.

**If we are an out-of-network provider with your insurance company or you are not utilizing insurance, we require a credit card on file.** We will charge your account balance at the end of the month. You will be notified via email in advance of any charges made to your credit card.

If you have any questions regarding your insurance coverage, please contact the insurance company for clarification. If you have any other questions regarding billing and insurance specific to Kidnectivity, please contact our office at 847-784-8733.

As guarantor for this account, I acknowledge my responsibility for payment on this account.

---

Guarantor Signature

---

Date