



# Active Health & Restoration

## CLINIC INTRODUCTION

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**Welcome** to Active Health & Restoration! We are honored to meet you and serve your physical medicine needs. At AHR, we strive to offer the highest quality care, and promise to work with you to help you achieve the best possible results.

**Appointments** can be scheduled between 7:00 am through 7:00 pm, Tuesday, Wednesday, and Thursday. We are closed on Monday, Friday Saturday, & Sunday. When scheduling appointments, we will make every effort to accommodate your availability and your patient financial responsibility, if applicable. If you are unable to attend an appointment, we request that you notify us at least 24 hours prior to the appointment time.

**Insurance** company policies vary greatly not only between insurance companies, but also between employers, groups, and individual policies. As a courtesy to our patients, we submit charges to their insurance companies on their behalf. At your first visit, we will attempt to determine what your responsible portion will be, if any, and will advise you of the information supplied to us by your insurance company. Since insurance companies offer no guarantee of payment at the time they supply benefit information, it is possible that your insurance company's payment may differ from the information they originally provided. On your behalf, we will attempt to correct any insurance company mistakes in order to take care of any discrepancy. Please note, however, that the patient or person financially responsible will ultimately be responsible for charges for services rendered by our offices.

**Medical Records** requires an authorization to release medical records form to be signed by the patient or the patient's legal representative. We kindly ask for a 24 hour notice for medical records of other patient related documents.

**Patient's Financial Responsibility** for each visit is based on the co-payment amount or an estimated deductible or co-insurance amount and is collected at the time of the visit. There may be an additional amount due from the patient or a refund due to the patient because of a difference between our estimate of what the patient portion would be and the insurance company's actual determination after the claim is processed. If there is a refund due to the patient it will be issued promptly. Digital statements for any remaining portion due from the patient, or the established patient payment plan, are emailed on the 15<sup>th</sup> of the month with a due date of the 1<sup>st</sup> of the following month.

*Please call us if you have questions regarding your therapy or the billing process.*

**Carol Stream Location**  
**(630) 923-5049**