

Angela Intili, M.D., Ltd.
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Joliet, IL 60435
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Practice Policies

We welcome you to our practice! In order to better serve you, we would like to outline our practice policies. The information that follows is intended to answer any questions that you may have and to help you to be well informed. Please remember, should you have any additional questions, please let us know and one of our staff members will be happy to assist.

1. **Cancellations:** If you must cancel your appointment, we would appreciate your doing this at least 24 hours in advance so that another patient may use your appointment time. Please note that your account will be charged a \$25.00 no-show, no-cancellation fee.
2. **New Patients:** We require our new patients to bring the following to their first appointment:
 - a. A co-payment if your insurance requires one. We accept cash, checks, and credit cards and require you to pay this amount upon registration and check-in.
 - b. Your insurance card(s) & proof of identification (i.e. drivers license)
 - c. A complete list of your medications including dosages
 - d. Any questions you may have for the doctor
3. **Insurance Plans:** Since payment of charges for services provided to you is ultimately your responsibility, we encourage you to call your insurance company to verify your coverage for visits to our office. We also encourage you to confirm that Dr. Intili is a provider in your insurance network.
4. **Laboratory Charges:** We send specimens to Quest Laboratory for analysis. If your insurance requires that we use a different laboratory, we must know this at the time of your registration and you must provide us with the proper implements/documents for processing. We will then require you, the patient, to take the specimen to your laboratory of choice for processing. We must inform you that it is your responsibility to ensure that we submit specimens to your correct laboratory.
5. **Account Balances:** As a courtesy to you, we will submit the charges for your visit to your primary and if applicable, secondary insurance carriers. We will send a statement to you for your portion of these charges after your insurance has paid. Your balance is due and payable upon receipt of your statement.
Any balance over 60 days old will be considered delinquent and subject to our collection process.
6. **Prescription Refills:** We encourage you to call your pharmacy and have the pharmacist fax a request for a refill to us during normal business hours. Our fax number is 815-729-2304. Please allow 24 – 48 hours for processing of your refill.
7. **Completion of Forms/FMLA:** We are happy to assist you with completion of forms for your insurance carrier or disability insurance. ***We request that you complete your personal information such as, name and address, etc. PRIOR to submitting them to our staff*** for completion. **Our fee for these forms is \$30.**
Please allow 7-10 days for the processing.
8. **Medical Records:** If you need copies of your medical records, we request that you complete our Medical Release Request Form which we can fax to you upon request, or you can print it off of our web-site at www.angelaintili.com We do charge for our cost of preparing copies of your records as allowed by Illinois law. This charge varies with the number of pages we are required to process. Please allow 5 business days for the duplicating/processing of medical records.