

Alliance Clinical Associates, S.C.  
7 Blanchard Circle – Suite 201  
Wheaton, IL 60189  
630-653-2300

**Hospital Financial Responsibility Form**

**Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

Guarantor for this account \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

Guarantor employer \_\_\_\_\_

Business address \_\_\_\_\_

Occupation \_\_\_\_\_

Guarantor Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

As guarantor for this account, I acknowledge my responsibility for payment on this account until revoked by me in writing. I have received ACA's financial policy statement.

\_\_\_\_\_  
Guarantor's signature

- I understand that although my son\daughter is of legal age, I am taking responsibility for services rendered by doctors Kenneth P. Phillips, Elliott Pae, Duke Ruktanonchai and Rita Tranquilli during his or her stay at Central DuPage Hospital.
- My son\daughter is of legal age; therefore, I am not taking responsibility for services rendered by doctors Kenneth P. Phillips, Elliott Pae, Duke Ruktanonchai and Rita Tranquilli during his or her stay at Central DuPage Hospital.

**Dr. Phillips, Dr. Pae's and Dr. Ruktanonchai and Dr. Tranquilli average rate is \$1350.00 per week for inpatient and \$1050.00 per week for partial hospital. We will be verifying the patient's insurance benefits but please keep in mind that this verification is not a guarantee of payment. The guarantor, being either the patient or a responsible person named, will be ultimately responsible for the payment of these fees.** Again, if you have any questions regarding your insurance coverage, you need to contact your insurance company for clarification. If you have any other questions, please feel free to contact our office at (630) 653-2300, extension 410.