



### Office Financial Policy

Our goal is to provide and maintain a good relationship with our patients. Offering you a copy of our office policy enables a good flow of communication, and assists us in achieving our goal. Please read the following, and let us know if you have any questions.

1. Please announce your arrival to the receptionist.
2. Please present your current insurance card at every visit. Please ensure we are listed on your card as your ob/gyn. If your insurance company has not been informed that we are your ob/gyn as of this date, you may be financially responsible for the visit. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or an authorization is required to see specialists, if preauthorization is required prior to a procedure, what you deductible is, (in- and out-of-network) and what services are covered or not covered prior to your visit. (Blood work, ultrasounds, pap smears, cultures, etc.)
3. According to your insurance plan, you are responsible for any and all co-payments, deductibles and co-insurances.
4. If the office does not participate with your insurance plan, payment in full is expected from you at the time of your visit, or inform us as to any out-of-network benefits included in your policy. For scheduled appointments, prior balances must be paid prior to your visit, unless this office, prior to your visit, has made arrangements in advance.
5. If you have no insurance, payment for an office visit is to be paid at the time of the visit. You are responsible for any lab fees that will be billed by the lab company, if testing is done. We do not have a copy of the fee schedule for the lab.
6. Co-pays are due at the time of service. A \$25 service fee will be charged in addition to your co-pay if the co-pay is not paid in full at the time of service, or by the end of the business day.
7. Patient balances are billed immediately upon receipt of your insurance plan's explanation of benefits. Your remittance is due within ten business days of your receipt of the bill.
8. If previous arrangements have not been made with our Finance Office, any account balance over 60 days will be turned over to a collection agency.
9. We require 24 hours notice for canceling any appointments. A \$25 "no show" fee will be charged for missing (or late cancellation of) a scheduled appointment.
10. A \$25 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.
11. If you have FMLA, Cobra, WIC or physical forms to be completed, there is a \$10 charge per form. Payment is due when the forms are dropped off. They are not filled out during office hours. There is at least a 5-7 day turnaround time for the forms.
12. Advance notice is needed for all non-urgent referrals. It is your responsibility to know if a selected specialist participates in your plan.
13. Before you make an appointment for an annual physical, check with your insurance company to ensure the visit will be covered as a healthy visit. Not all insurance plans cover routine physicals. It is your responsibility to know your insurance benefits. If it is not covered, you will be responsible for payment at the time of the visit.
14. A \$10 fee will be charged for lost/misplaced prescriptions. Lost prescriptions will not be faxed to the testing center, and you must pick up the new prescription from the office. They will not be mailed.

I have read and understand the above Office Financial Policy and agree to comply and accept the responsibility for any payment that becomes due as outlined above.

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

Patient Signature: \_\_\_\_\_

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