

Office and Financial Policy

Thank you for choosing our office. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require for you to READ and SIGN prior to any treatment.

PAYMENT IS DUE AT THE TIME OF SERVICE
ALL COPAYMENTS AND DEDUCTIBLES ARE DUE PRIOR TO YOUR VISIT
WE ACCEPT: CASH, CHECK, VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS

INSURANCE: We will bill your insurance company for your visit as courtesy to you. Due to difficulty of obtaining payment from your insurance plans, we may ask for your assistance in getting your claim paid. **Please be advised that it is the patient's responsibility to verify that we are a participating provider of your insurance plan.**

NON PARTICIPATING PROVIDER: If we are not a provider for your insurance company we will collect our fee in full at the time of service. We do not accept "OUT OF NETWORK" authorizations.

HMO/REFERRALS: It is your responsibility to obtain any referrals from your Primary Care Physician if your insurance carrier requires it for your visit. It is the patient's responsibility to know and understand the requirements of their insurance plan. Our office is not responsible to obtain referrals for patients HMO plans. If you arrive without a referral for your visit and you are required to bring one, your appointment will be rescheduled.

MINOR PATIENTS: The parent or guardian accompanying the minor is responsible for any payments or bill.

MISSED APPOINTMENTS: Unless cancelled 24 hours in advance, our office policy is to charge a \$25.00 fee for missed appointments. Please help us serve you better by keeping your scheduled appointment. Or, if you need to cancel an appointment and the office is closed please leave a message on our voicemail system.

LAB BILL/ PROCEDURES: Your Provider has chosen the diagnosis code that best determines your medical condition or service. This decision is based on your Providers MEDICAL KNOWLEDGE and NOT on your insurance Coverage. If your health plan does not cover the lab test you have done, the lab will direct the bill to you. Our physicians cannot change the diagnosis based on insurance, as this would be fraud. **Should you receive a bill from the lab, please deal directly with the labs billing department.** In such cases, if any bloodwork is drawn or vaginal cultures are taken, you will be advised of the situation, the specimens will be submitted to your designated lab and you will be responsible for any charges incurred due to deductibles and/or coinsurance. This cost cannot be estimated by our office, this is purely a driven cost between your insurance company and lab. We commonly perform different types of in office procedures for example (colposcopy, endometrial biopsy, hysteroscopy etc.) **THESE PROCEDURES CAN BE DEFINED AS "SURGERY" BY THE INSURANCE COMPANIES AND MAY BE APPLIED TO CO-INSURANCE OR DEDUCTIBLE COVERAGE.** It is your right to refuse the examination or treatment by the methods although this may compromise your care and the ability of the physician to properly diagnose and treat a patient's condition.

RETURNED CHECKS: If any check is returned a \$30.00 FEE will be added.

COLLECTION POLICY: Should your account becomes a collection problem, the patient assumes all responsibilities including but not limited to collection agency fee, court costs, interest and legal fee. All unpaid accounts will be reported to a collection bureau.

WELL WOMAN EXAM/ PREVENTATIVE WELL VISIT: While healthcare insurance continues to evolve, one thing remains the same, the annual well woman exam. The well-woman exam, also known as a yearly or preventative visit, occurs when a patient presents for a routine examination of the breasts and pelvis with or without a screening PAP smear. This service is permissible by insurance companies only once per year. Each insurance company dictates their own terms as to whether this service is permitted per calendar year, year to date, or whether it is member driven service. In most cases, the insurance company will cover and pay for 100% of the services rendered.

However, if for any reason, the patient present to the office with any other concerns and/or complaints at the time of the preventative exam (such as a yeast infection, urinary tract infection, bleeding, pain, polyps, cysts, etc.) and receive on-site treatment, a prescription and/or recommendations your chart will be documented to reflect the problem and you are no longer consenting to only a well-woman exam.

FORMS: There is a flat fee of \$15.00 for each set of forms the office completes on your behalf.

I HAVE READ AND FULLY UNDERSTAND the Financial Policy and all my questions regarding this policy have been answered. I hereby agree to render payment in accordance with the terms and conditions set forth.

Patient Signature

DATE