

FINANCIAL POLICY

Welcome to our practice. We want to provide the best care possible to you. A portion of that care involves payment for the services we give, and this statement explains our policies and procedures in that endeavor. Please return this form to the receptionist once you have reviewed and signed it. A copy will be provided to you upon request.

We **require** the following before we can provide you care and treatment:

- **Updated demographic and current insurance information**
- **Co-payment or payment for non-covered services**
- Referral if required by your insurance plan

Once you have seen the doctor and charges for your encounter have been posted, your insurance company will be billed. Following receipt of the explanation of benefits and payment, disallows, write-offs and discounts have been taken, or if there is a denial of the claim, you will be sent a statement for any balance due. We will gladly work with you on a payment plan for any unusual balances left unpaid. If you have a credit balance following final insurance payments, refunds are issued twice per month.

Special circumstances to this policy are prepayments required for global OB care and elective surgery.

If no payment is received with your statement, follow up collection letters may be sent. On balances less than \$50, we will 'suspend' the balance, which will become payable before you may resume care. Unpaid balances over \$50 may be referred to a collection agency if there is no response to billings. In this event, you will be responsible for Collection, Court and/or Attorney costs. Failure to pay for services in a timely manner will result in termination of the physician-patient relationship. If you should desire to reestablish your patient-doctor relationship it will be necessary for you to completely pay your collections balance and reimburse the Doctors for any commission loss.

Termination of care may also result from noncompliance of recommended care including missed or multiple rescheduled appointments.

A service charge of **\$25** may be made on the following:

- **Co-payment** not received within 24 hours of services
- **Re-filing** of insurance if incomplete or incorrect info given a time of appointment
- **Returned checks** is a \$29 fee.

After the first disability or FMLA form is processed, there is a **\$10 fee for each additional** one for the same incident of care.

Appointments should be cancelled 48 hours in advance. A charge of **\$50** may be made for a no show or an appointment cancelled without 48 hours notice. We realize that there may be extenuating circumstances in your lives which may cause you to miss an appointment; we do request a phone call to inform us of your inability to keep your appointment.

I acknowledge that I have read and understand this financial policy of All Women OB/GYN, PSC

Patient or Responsible Party Signature

Date

Patient's Printed Name