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, a refund will be issued.

Special circumstances to this policy are prepayments required for global OB care, elective surgery and ultrasounds. we pre-collect your portion upfront.

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.

- Returned checks is a $30 fee.

Disability or FMLA forms - There is a $30 fee for EACH form completed.

Appointments should be cancelled at least 24 hours in advance. A charge of $50 may be made for a no show or an appointment cancelled without this notice. This timeframe allows us the opportunity to provide another patient that appointment time. 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

For all patients, a valid credit card must be provided upon scheduling and will be kept on file. In the event the patient no shows to her appointment, the card will automatically be charged the $50.00 no show fee. No other charges will be charged to the card without notice and authorization from the patient.

Any credit balances under $25.00 which are unable to refunded to a valid credit card will be left on the patient's account for use toward any future balances incurred. A check will only be issued upon request by patient

PLEASE NOTE: EFFECTIVE 10/1/2026 WE WILL NO LONGER ACCEPT CASH FOR PAYMENT NOR KEEP CASH ON HAND IN THE OFFICE. WE WILL ACCEPT CREDIT CARDS, DEBIT CARDS OR PERSONAL CHECKS ONLY. PLEASE PLAN ACCORDINGLY. THANK YOU

PLEASE BE ADVISED, ALL OF OUR LABS AND DIAGNOSTIC TESTS ARE SENT TO OUTSIDE FACILITIES FOR PROCESSING. THERE MAY BE ADDITIONAL CHARGES INCURRED WITH LAB SERVICES AND ANY SWABS, BIOPSIES OR SPECIMEN TESTING THAT IS DONE AT THESE FACILITIES AND YOU MAY RECEIVE A BILL AFTER YOUR INSURANCE IS FILED IF YOU ARE LEFT WITH ANY OUT-OF-POCKET RESPONSIBILITY PER YOUR CARRIER.