

Office Financial Policy

We welcome you as our patient and thank you for choosing us as your Obstetrical and Gynecology providers. We are committed to providing you with the finest medical care at the lowest cost. We ask that you please familiarize yourself with this financial policy and feel free to present any questions or concerns so that they are resolved and we can focus on providing your with excellent healthcare.

Insurance

PAYMENT OF CO-PAYS/DEDUCTIBLES/CO-INSURANCE ARE DUE AT THE TIME OF SERVICE. Our office will file an insurance claim for services rendered, but ultimately you are responsible for the bill. By law your insurance company must remit payment or deny your insurance claim within 30 days of initial notice. If your insurance company has not paid your account in full within 45 days we may ask for your assistance in getting your insurance company to pay the balance or the balance may be billed to you.

Self-Pay

FULL PAYMENT FOR PROFESSIONAL SERVICES ARE DUE AT THE TIME OF SERVICE.

Methods of payment include cash, checks, debit/ATM cards, Visa, MasterCard, Discover, and American Express

Refunds

We will refund you within 30 days after the date that we determine an overpayment has been made. Please notify our billing office if you are aware of any overpayments.

******* Insurance Coverage Changes *******

Please understand that it is your responsibility to provide us with any new, updated or additional medical insurance. In the event that your insurance coverage changes to a plan that we are non-participating providers, you will be responsible for payment of all fees at the time service is rendered. We can provide you with the necessary documents for reimbursement. *****

Financial Responsibility for Minors

Unless prior arrangements have been made, charges for minor child seen in the office will be the responsibility of the adult accompanying the minor child.

Returned Checks

Returned checks are subject to a **\$35.00 charge**. Non-payment of returned checks may be referred to the District Attorney for legal action in some cases.

Medical Records Request

There will be a **charge** based on Texas Medical Board rule 165.2 (tmb.state.tx.us) for every medical records request. Please allow 7 -10 business days to process medical records request.

Disability and/or Family Medical Leave Act (FMLA) Forms

There will be a **\$25.00 charge** for completion of all Disability and/or FMLA forms. These forms require physician review so please allow 7-10 business days for completion.

No Show Policy

Women's Health care Affiliates reserves the right to charge a **\$50.00 fee** for NO SHOW appointments. To avoid this fee, call our office to reschedule or cancel your appointment at least 24 hours before your scheduled appointment. This fee is NOT billable to your insurance company and will be your responsibility.

After Hours Calls

Your physician is on call after-hours and on weekends for serious medical problems or for medical emergencies. For routine medical questions or minor problems, please call during regular business hours. If you feel this is an emergency there will be a \$25.00 fee.

As we stated above, the primary goal of our practice is to provide the finest medical care and services to the people in our community. We ask that all patients pay for their examination and treatment in full on the day of each visit to our office. In regards to insurance plans where we are a participating provider, all co-pays and deductibles are due prior to treatment.

I have read, understand and agree to abide by the financial policy set-forth.

I also acknowledge that I have received a copy Women's Healthcare Affiliates • Notice of Privacy Practice

_____ (patient initials)

Signature of Patient/Responsible Party

Date