

**WOMEN PHYSICIANS IN OB-GYN, INC.**  
**FINANCIAL POLICY**

Thank you for choosing us as your women's health care provider. We are committed to providing you with the best possible medical care. Please understand that payment of your bill is considered part of your treatment and the following information is provided to avoid any misunderstanding or disagreement concerning payment for services provided by our office.

1. Please understand that if you have insurance, your health insurance company should adjudicate the bill for your health care services. They may apply some of those costs to your deductible, coinsurance and/or copay. They may determine that some services are not covered under your benefit plan. It is your responsibility to pay such amounts.

If we are not contracted with your insurance plan, you will be responsible for any additional financial amounts ("out-of-network" patient responsibility).

If you do not have health insurance for the date of service, you are responsible for payment for all services rendered on that date.

If a charge is paid by you, then later covered/paid to us by your insurance company, you will be reimbursed. If you do not have insurance coverage or are insured by a company with which we are not contracted, payment in full is expected at the time of service.

2. By your written consent, you authorize Women Physicians in OB-GYN to release all necessary information in accordance with HIPAA privacy guidelines, to determine eligibility and payment liability, secure payment, and to obtain reimbursement to the extent necessary. You assign benefits for all medical, surgical, and/or other major medical health care coverage to which you are entitled, including private insurance and other health plans to Women Physicians in OBGYN, Inc. This assignment will remain in effect until you revoke the assignment in writing.
3. If your insurance policy requires you to have a referral from your primary care provider prior to seeing our provider, it is your responsibility to obtain that referral prior to your visit. Otherwise, you may choose to receive care from our providers at your own expense. In such cases, payment will be expected at the time of service.
4. Our office participates with a variety of insurance plans. It is your responsibility to:
  - Bring your current insurance card to every visit and notify us of changes in coverage when you check in.
  - Pay your co-pay and/or outstanding balances at the time of service. Payment can be made by cash, check, MasterCard, Visa, Discover or American Express.
5. Patients who are being seen for physical exams and require additional treatment for illnesses or services may be charged separately for each service, even though both services are provided on the same day. Yearly well woman exams may or may not be covered under your health insurance policy; however, they may be required by your physician. Some forms will not be completed and signed if physicals are not up to date.

6. This office can only code and file a claim for a patient's visit with a diagnosis that was encountered and documented in the medical record. To request a diagnosis change solely for the purpose of securing reimbursement from the insurance carrier is inappropriate and could be considered a fraudulent act.
7. Women Physicians in OB-GYN reserves the right to charge you a fee for any appointment you do not show up for and/or do not reschedule/cancel within 1 business day of your scheduled appointment. Frequent and consistent no show, canceled, and/or rescheduled appointments may result in your being dismissed from the practice.
8. You will be charged \$25.00 for all returned checks. There is a fee to copy any or all medical records, as well as a fee for completing any form required by an outside entity. This includes, but is not limited to FMLA, BWC, Disability, and/or other treatment related forms.
9. If you have a high out-of-pocket expense for deductibles, copays, and/or co-insurances, you will be required to make a down payment prior to services rendered. We will work with you to arrange payment plans upon request.
10. Your physician may order services to be performed outside of our office including lab services. You are responsible for checking with your insurance company to determine if that facility is covered by your insurance, what the benefits are for the services, and if there are necessary prior authorizations required. Our billing representative will assist you with any procedure code or diagnosis code you may need to provide to your insurance company in order to obtain coverage/eligibility information.

Thank you for reviewing our financial policy. By signing the acknowledgement, you certify that you reviewed, understand, and have had the opportunity to ask questions regarding our financial policy. You also certify that you will abide by all information within this policy and accept financial responsibility for all services provided by Women Physicians In OB-GYN, Inc.