

Women's Healthcare Physicians

PATIENT FINANCIAL POLICY

It is the policy of Women's Healthcare Physicians to receive payment in full at the time services are rendered unless other arrangements have been made in advance. We accept cash, personal check, VISA and MasterCard.

Your insurance policy is a contract between you and your insurance company. We will file your insurance claim for you if you assign the benefits to the doctor. A copy of the current insurance card and complete billing information is required and must be presented before services are rendered. If adequate information is not available at the time of service, payment in full is required. Subsequent changes in coverage including policy number, address or any other change must be presented before services are rendered. Enrollment in an insurance plan is not a guarantee of payment. Deductibles and co-payments are due at the time of services. Non-covered services and patient responsibility amounts are due upon receipt of a statement from our office.

We have made prior arrangements with many insurers and other health plans to accept an assignment of benefits. We will bill those plans with whom we have an agreement. Insurance companies require us to collect deductibles and co-pays from patients which is payable at the time of service.

If your insurance requires you have lab, radiology and other services at a specific facility it is the patient's responsibility to notify our staff at the time testing is ordered. It is also the patient's responsibility to insure that necessary authorizations are received prior to services being rendered.

Women's Healthcare Physicians does not assume responsibility for verification of insurance benefits or coverage. Please contact your insurance company to verify your benefits and doctor participation in your plan before services are rendered. This also applies to any facility or provider that your doctor may refer you to.

Any portion of the balance not paid within sixty days by the insurance company due to patient co-pays or deductible amounts, non-covered services, services deemed by the insurance company as not medically necessary, doctor nonparticipation, request for additional information from the patient, incorrect billing information or any other reason for nonpayment, reduced or delayed payment is the responsibility of the patient or responsible party.

HMOs and other insurance plans that require an authorization for treatment from a Primary Care Physician or other source must send written (or faxed) authorization for treatment to our office prior to services being performed. Self-referrals and unauthorized services require payment at the time of service.

Please be certain the billing and insurance information we have on file is accurate. Otherwise, you will be billed directly and responsible for payment in full. You will be reimbursed if your insurance company pays us after you have paid in full. _____

Initial

A statement of charges will be sent to the patient or responsible party showing the balance due. Balances older than sixty days will be subject to late fees. Delinquent balances may be referred to an outside agency for collection.

I have read the above financial policy and agree to be bound by its terms.

Signature of Patient or Responsible Party

Date