

Premier Women's Health

PATIENT FINANCIAL POLICY

Thank-you for choosing Premier Women's Health as your OB/GYN provider. We are committed to providing you with the best possible treatment available and believe that understanding our financial policies is an essential element of your care and treatment. Our goal is to avoid any miscommunication or concerns regarding financial matters so that we may focus our energies on serving the healthcare needs of our patients.

Patients are financially responsible for all medical treatment and services provided. It is your responsibility to provide us with current insurance information. A current copy of your insurance card and a photo ID are required at each visit.

Please return this form to the receptionist once you have reviewed and signed it as an understanding of its contents. A copy will be provided to you upon request.

COPAYMENTS:

Copayments are contractual obligations between you and your insurance carrier. Compliance rules set forth by federal and state governments require us to collect copayments. All patients are required to pay their copayments at the time of check in and **prior** to being seen by a provider. If you cannot afford to pay your copayment, please ask us about our charitable care policy.

INSURANCE:

As a service to our patients we will file your insurance claims for you. As a participating provider in your insurance network, we shall accept the insurance company's allowable payment for covered services. Patients are responsible for any deductibles, co-payments, non-covered services, and out-of network services. Payments for these services, based upon estimates received from your insurance provider, are due at the time of the visit. Because we are dealing with estimated payments, any overpayments made by you once the actual bill settles with your insurance provider will be promptly refunded. You will be billed for any additional amount that was not paid by your insurance provider.

HMO'S, PPO'S AND MANAGED CARE PROGRAMS:

It is your responsibility to obtain referral forms required by your particular insurance company. We will do our best to remind you when a referral is due, but ultimately you are required to keep track of the referrals on hand. If you present to the office without a current referral you will be responsible for the bill or be asked to reschedule the appointment.

UNPAID BALANCES:

We ask that full payment be made at the time of service unless prior **written** arrangements have been made through our billing manager. Accounts with an outstanding balance over 60 days past due will be charged an additional collections filing fee up to 50% of the balance placed for collections and be turned over to a collection agency. If you are sent to collections or have an unpaid balance, Premier Women's Health reserves the right to refuse an appointment until those balances plus processing costs are paid in full.

OB PATIENTS (with insurance):

We will obtain benefits coverage from your insurance plan and provide you with an **estimate** of your financial obligation (for physician charges only). Payments will be arranged with the **estimate** to be paid in full by the seventh month of pregnancy. If, after all insurance payments have been received, an overpayment has been made by you, the amount of the overpayment will be promptly refunded. You will be billed for any additional amount that was not paid by your insurance provider.

OB PATIENTS (without insurance):

If you are uninsured and are currently pregnant, we charge a fee of \$2700 to cover your routine OB appointments (14-16 visits on average), vaginal delivery and postpartum care. Patients are responsible for half of the payment at the time of their first visit. The remaining balance will be paid monthly until the balance is paid in full by the seventh month. This payment does not cover any additional ultrasounds, injections, labs, hospital charges or any

services that are performed or billed outside of Premier Women's Health. If you become insured at any time during your pregnancy, we will promptly refund any money that may be due to you because of your insurance coverage.

SELF PAY PATIENTS:

Self pay patients must pay for services in full at check-in.

NO SHOW POLICY:

We make every effort to provide a reminder call at least 48 hours prior to an appointment; however, it is your responsibility to remember your appointment. We charge a missed appointment fee of \$25 to patients who do not show up to a scheduled appointment, or who cancel less than 24 hours in advance. This fee must be paid before another appointment may be scheduled.

FORM COMPLETION:

A fee of \$20.00 may be charged before the forms will be completed. (Disability, FMLA, Physician statements, etc.)

RETURNED CHECKS:

There is a \$30 returned check fee payable in cash or money order, and your account may be placed on a "cash only" basis.

We accept cash, checks, and all major credit cards.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH AND AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I AUTHORIZE PREMIER WOMEN'S HEALTH TO RELEASE TO MY INSURANCE CARRIER AND ITS AGENTS ANY INFORMATION NEEDED TO DETERMINE THE BENEFITS PAYABLE UNDER THEIR COVERAGE. I REQUEST THAT PAYMENT OF AUTHORIZED MEDICAL BENEFITS BE MADE ON MY BEHALF TO PREMIER WOMEN'S HEALTH FOR SERVICES FURNISHED TO ME BY ITS PHYSICIANS AND STAFF UNLESS I HAVE PAID FOR THE SERVICES AND AM BILLING THE INSURANCE DIRECTLY. I ALSO UNDERSTAND THAT THE TERMS OF THE FINANCIAL POLICY MAY BE AMENDED BY PREMIER WOMEN'S HEALTH AT ANY TIME. IF WE CHANGE OUR BILLING PRACTICES, WE WILL MAKE A REASONABLE EFFORT TO PROVIDE YOU WITH A CURRENT POLICY. FAILURE TO COMPLY WITH THE FINANCIAL POLICY OF PREMIER WOMEN'S HEALTH MAY RESULT IN SUSPENSION OF SERVICES OR DISMISSAL FROM THE PRACTICE.

<p>Credit Card Authorization</p> <p>I authorize Premier Women's Health to keep my signature on file and directly charge my credit card account for:</p> <p><input type="checkbox"/> charges I personally incur</p> <p><input type="checkbox"/> charges by family members listed below:</p> <p><input type="checkbox"/> Monthly payments of \$ _____ for _____ months</p> <p>Check one: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover</p> <p>Credit card Number:</p> <p>Expiration Date:</p> <p>Cardholder name:</p> <p>Date:</p> <p>Signature:</p>
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Signature of patient

printed name of patient

Signature of guardian

Date