



Your complete understanding of your financial responsibilities is essential.

Your insurance is a contract *between you, your employer and the insurance company.*

We are not part of that contract.

Appointment Cancellations:

Please notify our office of any appointment cancellations at least 24 hours in advance by calling the office or the answering service. We reserve the right to charge you (not your insurance company) for a missed appointment. This is a \$35 fee (subject to change without prior notice). We place great effort in seeing our patients on time. However, maintaining a timely schedule also requires the cooperation and prompt arrival of our patients for their appointments.

Laboratory, Radiology and other diagnostic service bills:

Please check with your insurance company to verify what your insurance benefits allow for (laboratory, well woman blood work, mammogram etc.). The doctor may order these during your visit. *These services are billed separately by the laboratory that does these tests and are not covered by payments that you make to us.* Any insurance claim disputes associated with a laboratory must be dealt with through that billing agent.

All Patients:

Insurance card(s) and proof of identification must be presented when you arrive to the office for your appointment in order for us to verify your insurance eligibility. Patients who have only one or neither of these documents can choose to reschedule or keep their appointment. If the appointment is kept, you will be a “self pay” patient and payment will need to be made in full for services rendered. Patients who opt to be billed as “self pay” and later present their insurance card will not have services already rendered retroactively billed to the insurance carrier. For patients that do arrive with their insurance card(s) and proof of identification, payment for all applicable co-payment, deductible, or co-insurance amounts is expected at the time of service. It is your responsibility to notify Advanced Ob-Gyn Associates of any changes to your insurance policy, mailing address or telephone numbers.

Forms Fees and Medical Record Fees:

There is a \$25 fee for the review and completion of any insurance/disability forms. This fee is billed directly to you (not your insurance company) and should be paid prior to the completion of the forms. **Please allow 7-10 business days for the paperwork to be completed.**

There is no charge to release your records *if you are in good standing with this office.*

Please be aware the American Medical Association has recommended the following schedule for copies of medical records: \$25 for the first 20 sheets copied, then \$.50 per sheet over 20.

Insurance:

We are contracted with multiple insurers to accept assignment of benefits. We will bill those insurances with which we have an agreement and will only require you to pay the authorized co-payment, deductible, or co-insurance at the time of or prior to the time the services are rendered. “Non covered” means that a service will not be paid under your insurance contract. If non-covered services are provided, payment for these services will be expected at the time of or



prior to the service being rendered. We would be happy to assist you with the appeal process with your insurance. **We will not under any circumstances falsify or change a diagnosis or symptom in order to convince an insurer to “pay” for care that is not covered.**

Surgical Procedures (office and hospital):

You will be given an *estimate* of the fees for these services, based on the physician's fee schedule, what your deductible, co-insurance is and at what percentage your insurance company covers for such services. **This is only an estimate. This estimate is for the Physician's fees only.** You will be expected to pay, in full, the amount that is not going to be covered by your insurance. If you cancel or miss your pre-op appointment and do not reschedule, your surgery will be cancelled and we will have the right to discontinue your care with Advanced Ob-Gyn Associates due to medical liability reasons. There will be a \$250 non refundable fee for ALL canceled surgeries.

Payment Responsibility:

The patient or her legal representative is ultimately responsible for all charges or services rendered. We accept cash, checks, Mastercard, Visa, American Express and Discover. We use CheckTrack for payments made to our office by check. A processing fee of \$35 will be assessed for all returned checks; the balance plus the processing fee will need to be paid by credit card, cash or money order/cashier's check. If you should have a returned check, all future payments will need to be made by cash, money order/cashier's check or credit card. After insurance has paid your claim, all outstanding balances are payable in full upon receipt of statement. If insurance has denied payment; payment is due in full upon receipt of statement. If you are expecting financial difficulty, please let us know this **prior** to services being rendered. Under special circumstances, payment arrangements can be made. Our office can set this up for you as a courtesy and you will be sent a monthly statement. However, it is your responsibility to know your monthly due date and the amount due. If you fail to make your monthly payment, Advanced Ob-Gyn Associates has the right to send the account to an outside agency for collections.

Refunds:

Refunds are issued to the appropriate party. Patient refunds will not be processed until all active or past due charges are paid in full. Amounts less than \$25 will remain a credit on your account and refunded at your request.



I have read and fully understand the financial policy set forth by Advanced Ob-Gyn Associates. I understand and agree to the terms of this policy. I also understand and agree that the terms of this financial policy may be amended by Advanced Ob-Gyn Associates at anytime without prior notification to me.

Signature of patient or responsible party

Date

Printed name of patient or responsible party

Patient DOB

Witness

Date