

A Division of
FINANCIAL POLICY

We would like to thank you for choosing May Grant Associates (MGA – a Division of Susquehanna Valley Women’s Health Care) as your healthcare provider. MGA is committed to providing you with the best possible medical care. We must emphasize that as an OB/GYN practice, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are strictly your responsibility from the date services are rendered. Therefore, it is often necessary for you to inquire and explore your benefits directly with your insurance carrier. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact our Billing Department for assistance in the management of your account.

We will gladly try to answer any questions relating to your insurance, but insurance plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered. **You must realize, however, that your insurance is a contract between you, your employer (possibly), and the insurance company.** As such, you are responsible to know what laboratory or facility where any ancillary tests are to be performed. It is important that as questions arise you contact your insurance company directly for final guidance and clarification.

We are sure that you understand that payment for this healthcare is your responsibility. The following information outlines your financial responsibilities related to payment for professional services:

IF WE DO PARTICIPATE WITH YOUR INSURANCE COMPANY, all services performed in our office and at the hospital will be submitted to your insurance. All co-pays are due at time of service. Deductibles and co-insurances are your responsibility; it is the right of MGA to require that your patient responsibility amount be paid prior to services. Any remaining patient responsibility that is billed to you by our office must be paid upon receipt of the statement. HMO insurances may require referrals for services. **It is your responsibility to obtain** the referral prior to the time of the service.

CHANGE OF INSURANCE COVERAGE If your insurance changes, you must notify our office immediately. MGA will only go back 120 days to bill out services to new insurances. If your insurance is retroactive beyond those 120 days or you fail to notify us of the new coverage, then you will be responsible for those balances.

IF WE DO NOT PARTICIPATE WITH YOUR INSURANCE COMPANY, we will bill your insurance carrier as a courtesy, but we will not accept payment from them as payment in full for services performed. All insurance carriers have a schedule of fees from which they will pay; however, the doctor’s fee may be more than what the insurance company shows on their schedule. Therefore, any balances not covered by the insurance company become your responsibility and will be billed to you by our office. Payment of these billed services must be paid upon receipt of the statement.

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION I hereby assign and grant to MGA all rights and interests to which I may be entitled under any insurance policy, Medicare or any other fund or third party payment plan responsible for payment of my benefits.

I hereby authorize MGA to release all information, including all or any part of my medical records (including confidential HIV information, mental health records, drug and alcohol treatment records, or sexual abuse or assault counseling records), to my insurance company, employer (worker’s compensation only), Medicare, Medicaid, or any other fund or third party payor which may be responsible for payment of my benefits.

PAYMENT AND COLLECTION, I acknowledge that if my insurance company sends a check for payment of the insurance benefits to me, either in error or because of insurance company policy, I agree to endorse and deliver the check to MGA. I understand that by virtue of the assignment described in this Consent, any funds I receive belong to MGA and that it is UNLAWFUL to use or apply the funds in any other way. In the event the insurance company check is more than the outstanding physician bill, satisfactory arrangements can be made between MGA and the undersigned.

I agree that I am responsible for payment of established charges currently in effect to the extent that said charges are not covered, allowed or paid by my insurance company, Medicare, or any other fund or third party payor. I understand I will not be responsible for the payment of any of those charges that MGA is restricted from collecting by law or agreement. **Payment is expected at time of services.** We accept cash, checks, Visa, MasterCard, Care Credit and Discover. A \$20.00 service charge will be assessed for returned checks.

In the event that any monies paid by me results in an overpayment of \$10.00 or less, those monies will be applied first to any previous balance I may have and/or will remain on my account as a credit to a future visit. I may at any time request in writing any credited funds available on my account.

In the event my account remains unpaid for greater than 30 days, MGA may turn the account over to an outside company for follow-up. Collection fees (15.5%) may apply and will be accessed to my outstanding balance.

I have read and fully understand the financial policy set forth by MGA and I agree to the terms of this policy. I also understand and agree that the terms of the financial policy may be amended by the Practice at any time without prior notification.