

Green Valley OB/GYN LLP
100 N. Green Valley Pkwy, Suite 345
Henderson, NV 89074

Financial Policy

Thank you for choosing Green Valley OB/GYN as your health care provider. We are committed to timely, successful and cost-efficient treatment of your health care needs. In order for us to maintain this high standard of health care, it is necessary for us to strictly adhere to financial policies. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our financial policy, which we require you to read and sign prior to treatment.

PATIENT INFORMATION: All patients must complete our Patient Registration Form prior to their initial office visit with the doctor or assigned provider. It is the patient's (and/or responsible party's) responsibility to keep this office informed of any change in information (i.e. change of address, phone number, change in insurance information, etc.) You will be required to update this information annually.

PAYMENT INFORMATION: Payment is due at the time of service. For your convenience we accept cash, or VISA/MASTERCARD credit cards and debit cards. Any co-pays and/or deductibles you have with your insurance company are your responsibility and are due and payable at the time of service.

INSURANCE: As a courtesy to our patients, we will bill your reported insurance carrier for you at the conclusion of your appointment. In order to do so, we must have updated and accurate insurance information. Please be aware that your insurance policy is a contract between *you and your insurance company*. *It is your responsibility to know your benefits*. Your account with this office is your responsibility whether your insurance company pays your claim or not. If your insurance company has not paid your account in full within 60 days your account will become a "cash pay" account with the balance due and payable immediately and prior to your next office visit.

SURGERY: If it is necessary to schedule surgery, our policy pertaining to payment for that surgery will be discussed in detail with you at that time.

USUAL AND CUSTOMARY RATES: Our practice is committed to providing the highest standard of health care for our patients. We make every effort to align our fees with what is considered to be usual and customary for our area of specialty.

MINOR PATIENTS: The legal guardian of a minor patient is responsible for full payment of the account. Under no circumstance will we will become involved in a domestic dispute.

MISSED APPOINTMENTS: Our practice is extremely busy; therefore, a 24-hour cancellation notice is appreciated. If an appointment is missed without notifying our office, your account will be noted as a no show and reviewed. If you no show two (2) consecutive appointments, **you will be discharged as a patient from this practice immediately.**

DISABILITY/FMLA PAPERS: There will be a \$25 charge for every completed disability and FMLA form. Payment is due at the time of submitting your documents.

COLLECTION POLICY: I agree to be financially responsible for all charges incurred, regardless of insurance coverage, in the event my account is referred to a collection service due to lack of payment on my part, I agree to pay all collection and legal fees that may be added to my account. If I am referred to a collection service, I understand that I will be discharged as a patient.

I have read, understand, and agree to the above Financial Policy of Green Valley OB/GYN.

Signature of patient or responsible party

Date

GVOB Representative initials: _____