
Comprehensive OBGYN Care

A division of Southern New England Healthcare for Women, LLC

A Michael Coppa M.D.

Jeiny Zapata APRN

Patients' Financial Policy

Participating Insurance

- Comprehensive OBGYN Care participates with most medical insurance plans in the area.
- We will file a claim on your behalf and accept contracted payments for covered services.
- You are responsible to pay for plan deductibles; co-insurance and co-payments associated with the services rendered (out of pocket expenses).
- You are responsible to pay for services that your medical insurance plan does not cover or that they determine are not medically necessary.
- Co-payments will be collected at the time of service.

Non-Participating Insurances

- If Comprehensive OBGYN Care does not participate with your insurance plan, you are responsible for payment of all charges associated with the services you received.

No Insurance

- Payment is expected at time of service.
- Payment plans are available but must be established before services rendered.

Outstanding Balances

- Patients with an outstanding balanced with Comprehensive OBGYN Care will be expected to pay that balance, or commit to a payment plan before additional services are rendered.
- Outstanding balances may include co-insurance, co-insurance and/or non-covered services from prior visit, etc.
- Outstanding balances may also include amounts due for services provided by Dr. A Michael Coppa M.D. or Women and Infants Hospital.
- We reserve the right to reschedule your appointments if you have a balance that is greater than 60 days, have been sent to collections, and/or no payment arrangements have been made.

We accept Cash, MasterCard, Visa and Discover. We DO NOT accept checks!

Please read and sign below

I hereby authorize release of information necessary to file claim with my insurance company and assign benefits to Comprehensive OBGYN Care. I understand and accept that I am financially responsible for balances not covered by my insurance carrier. A copy of this signature is valid as original.

Signature of Patient or Responsible Party

Date

Printed name of Patient