



OUR FINANCIAL POLICY

Welcome to our office. Thank you for choosing ADVANCED WOMEN'S HEALTH SPECIALISTS. Our staff are committed to provide you with the highest quality of healthcare. The following is a statement of our Financial Policy which require you to read and sign prior to any treatment.

PAYMENT IS DUE AT THE TIME OF SERVICE

We accept: Cash, Check, Debit or any of the following Credit Cards
VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER

INSURANCE ASSIGNMENT & STATEMENT OF FINANCIAL RESPONSIBILITY

I authorize the release of any medical information necessary to process my insurance claims. I request that all payments be made on my behalf and that all benefits are assigned for physician service to Advanced Women's Health Specialists. I authorize this request to apply to all services provided after the date below. I understand I am responsible for payment of any balance not paid by my insurance company as outlined in my schedule of benefits and as applicable under law. **IT IS MY RESPONSIBILITY TO GO TO MY INSURANCE'S AUTHORIZED LABORATORY, HOSPITAL, AND X-RAY FACILITIES.**

FOR PATIENTS WITH INSURANCE

We accept assignment of insurance benefits. We cannot bill your insurance company unless you give us your correct insurance information and a valid insurance card. *YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. WE ARE NOT A PARTY TO THAT CONTRACT. If your insurance company has not paid your account in full within 45 days of submission of the claim, the balance will automatically be billed to you.* Please be aware that some of the services provided may be non-covered services and not considered reasonable by your insurance policy.

Regarding insurance plans where we are a participating provider: All co-pays and deductibles are due at the time of treatment. In the event that your insurance your insurance coverage changes to a plan where we are not participating providers, refer to the paragraph above. *There is a \$35.00 handling fee for non-sufficient (NSF) checks.*

MINOR PATIENTS

The adult accompanying a minor and the parents (or guardian) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been preauthorized to cash or check at the time of services. Also, all minors must have their parent or guardian complete a consent form prior to treatment.

AUTHORIZATION FOR TREATMENT

I, undersigned, have consented to the treatment & examination considered necessary by Advanced Women's Health Specialists. Authorization is hereby granted for such treatment. I certify that I have read the above authorization and understand the same, and also certify that no guarantee or assurance have been made as to the result that may be obtained.

Patient Signature

Date