



6705 Heritage Pkwy Ste 102 Rockwall, TX 75087 Phone: 972.722.2526 Fax: 972.722.2528

## Financial Policy

It is the philosophy of GLOW that all patients receive the best possible care and service.

**Therefore, your complete understanding of our financial policy as it relates to your financial obligation is an essential part of our philosophy. Please read this thoroughly.**

Many changes have taken place in the health insurance industry in recent years. Services once covered in full are now partially covered, covered only under certain circumstances, or in some cases not covered at all. It is your responsibility to know your plan benefits, please check with your insurance company regarding possible coverage exclusions.

Payment for all services provided by our practice is due in full at the time the services are rendered. Exclusions to this policy are those patients with insurance. Payment plans are available to patients who demonstrate a financial hardship. For further information, please contact the Billing Department at 972.722.2526.

If you are a member of a healthcare organization that GLOW participates with, we will file your visit with this organization and your copayment is collected at the time you arrive for your appointment. If GLOW does not have a contractual agreement with your insurance carrier, we will bill available insurance carriers as a courtesy to you if an insurance card is provided to us at the time of service. You will be billed in full for any services that your health plan deems to be a non- covered service or any balance due after we have received payment from your insurance carrier. All patient balances are payable upon receipt of the statement.

It is our policy that any patient at the age of eighteen years or older will be financially responsible for all charges incurred. For any patient under the age of eighteen, the parent who accompanies the minor for their visit will be financially responsible for all charges incurred.

GLOW accepts Cash, Personal Checks, Money Orders, ATM Debit cards, MasterCard and Visa for services rendered. A \$35 Returned Check Fee will be assessed to the account for every check returned to GLOW for insufficient funds. Refunds will be issued to guarantors. If the guarantor has an outstanding balance on another account, a refund will not be issued and the credit will be transferred to the account with the outstanding patient balance.

GLOW reserves the right to turn any patient over to collections if it is deemed that the account has been in default of the payment obligations or compliance of this policy. A fee will be assessed to all accounts sent to a collection agency.

In the event you are unable to make your scheduled appointment, please cancel at least 24 hours prior to the appointment. GLOW reserves the right to bill our standard office visit fee for non- compliance to this policy.

The staff of GLOW believes that open and honest communication is imperative for you to receive the best care. If you have any questions about your financial obligation or health care needs, please feel free to discuss them with one of our staff members.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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info@glowbgyn.com

www.glowbgyn.com

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