



ADVANCED OBSTETRICS AND GYNECOLOGY

PATIENT FINANCIAL POLICY

Advanced Obstetrics and Gynecology (AOG) appreciates the opportunity to provide your care. This document constitutes our policy with regard to fees and reimbursements for services rendered. It is provided as a service to ensure you have adequate knowledge regarding your financial obligations as it relates to the care provided by AOG. It is ultimately your responsibility to understand and comply with the terms of your insurance coverage and determine your level of benefit coverage as delineated by your insurance policy. You are responsible for notifying the office of any changes in your insurance policy and presenting the correct insurance card at the time of service. Failure to present the correct insurance information at the time of service could result in you having to pay “out of pocket” for services rendered in full. For your convenience, we accept cash, check, Visa, MasterCard, Discover and Amex.

PARTICIPATING PROVIDER AND COVERED BENEFITS

If AOG is a participating provider with your primary insurance and services requested are covered benefits, we will bill your insurance directly. Co-payments and fees for non-covered services must be paid at the time service is rendered. Deductibles and coinsurance may be assessed at the time of your appointment. Any balances left to your responsibility need to be paid in full within 30 days.

MEDICARE

Medicare has some restrictions regarding medical coverage. Medicare does not cover “*Preventive GYN Exams*” and they will only cover a screening Pap smear and/or Breast Exam once every 24 months for low- risk beneficiaries and once every 12 months for high- risk beneficiaries. We will submit your claim to Medicare and your secondary insurance (If you have one). You will be required to sign an Advanced Beneficiary Notice of Noncoverage (ABN) form for non-covered services if you choose to have these services more frequently than your benefit allows or for services not covered by Medicare. You are responsible for any balances not paid by your insurance company.

NON-PARTICIPATING PROVIDER AND/OR NON-COVERED BENEFITS

If AOG is not a participating provider with your insurance carrier, or the services to be rendered are not covered benefits, then we require full payment at the time a service is rendered or after your insurance company processes the claim. It is your responsibility to know what your insurance company covers and does not cover under your policy. If you receive any service that is deemed “noncovered” under your insurance policy, you will be responsible for the full cost. You are responsible for notifying our office prior to a procedure being done if it requires precertification or a referral. Obtaining benefits information or precertification from your insurance company never guarantees that a service will be covered. You are responsible for any balances not paid by your insurance company.

PREGNANCY BENEFITS:

Our billing department will contact your insurance company to obtain benefit information in relation to your pregnancy. Any coinsurance/deductible must be paid in full three months before your due date. You will be contacted by our billing department to obtain payment or set up a payment plan. Any outstanding fees related to care before or after your delivery will be your responsibility after your insurance company processes all claims. Notify the billing department **immediately** if there is a change in your insurance company or ID number or if you are moving in the middle of your pregnancy. Failure to notify the Billing Department of any changes may result in your insurance company denying all claims for payment, and you will be responsible for paying all charges incurred.

SURGICAL PROCEDURES

For elective surgical procedures, we will contact your insurance company to determine coverage of benefits and pre-authorization. All co-payments, deductibles, coinsurances and fees for non-covered services may be collected prior to your scheduled surgery. If payment is not received before the date your procedure is scheduled, it may result in your surgery being cancelled or rescheduled.

NON-SUFFICIENT FUNDS

Any check returned for non-sufficient funds or a closed account will be assessed a \$30.00 processing fee. Failure to pay in full within 10 days of the date of the billing may result in your account entering collection proceedings. You will be responsible for all the costs incurred by AOG in our effort to obtain reimbursement for services provided.

BROKEN APPOINTMENT POLICY

A broken appointment is defined as any reserved block of time scheduled for a patient that is cancelled with less than 24 hours notice or “no shows” without any advanced notification. As a courtesy to our patient, we will contact you to confirm the patient’s appointment a day or two before a scheduled appointment. When our staff is unable to speak with you directly, an attempt is made to leave a reminder message with a family member or an answering machine/voice mail. When appointments are not cancelled at least 24 hours in advance, our office may charge a “broken-appointment” fee of \$25.00 or more depending on the type of appointment scheduled. Exceptions to this policy will be determined on an individual basis depending on the circumstances.

MEDICAL RECORDS

A copy of your medical records created by AOG will be released only with your expressed written consent after completing the appropriate HIPAA compliant form. According to New Jersey State regulations (NJAC13.35 -6.5(c)/8:43G-15-3), a copying fee shall not exceed \$1.00 per page or \$100.00 per record for the first 100 pages. For records that contain less than 10 pages, the fee is \$10.00 to cover postage; for records more than 100 pages, a copying fee of no more than \$0.25 per page may be charged for pages in excess of the first 100 pages, up to a maximum of \$200.00 for the entire record.

COLLECTIONS:

Failure to pay your full balance within the guidelines set up by AOG will result in your account being turned over to collections. Payment in full is required prior to scheduling any future appointments. Failure to pay your balance in full which includes collection fees may result in you being terminated as a patient of the practice.

I have read and understand my obligations under the financial policy. These policies will remain in effect for as long as you are a patient of the practice or until our policies change and you are asked to sign an updated form.

Patient Name (please print) _____ DOB: _____

Signature: _____ Date: _____

Witnessed by: _____

Advanced Obstetrics & Gynecology, LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Language Assistance Available:

Español (Spanish) | 繁體中文 (Chinese) | Tiếng Việt (Vietnamese) | 한국어 (Korean) | हिंदी (Hindi)
اردو (Urdu) | Tagalog (Tagalog-Filipino) | Русский (Russian) | العربية (Arabic) | Kreyòl Ayisyen (Haitian Creole)
Français (French) | Polski (Polish) | Português (Portuguese) | Italiano (Italian) | ગુજરાતી (Gujarati)