TRISTATE OB/GYN PC

PATIENT PAYMENT/FINANCIAL POLICY

This information is provided to assist our patients with regards to our financial expectations relating to your care at TriState OB/ Gyn. If you have any questions or difficulties with your account, please contact us **(901)590-4428**

• **Co-payment is required at the time of service**. You are responsible for paying your co-payment when you check in. The receptionist will ask for your co-payment. However, even if she does not ask, you are responsible for knowing the amount due before your visit.

• **Self-Pay**. Patients without insurance are expected to make payment in full on the day services are rendered. If you are unable to pay in full, payment arrangements must be made in advance, prior to your being seen by our providers. This does not include laboratory and ultrasound fees. These are billed separately. Contact the lab for associated costs.

• **Patients are responsible for all charges that are not covered by their insurance plan.** This includes copayments, deductibles, co-insurance, and non-covered services including lab tests that may not be covered.

•**If your insurance claim is denied due to incorrect personal information or incorrect insurance information** that you have provided, you will be billed for any unpaid claims for your services, and payment in full will be due immediately.

• **Obstetrical Patients.** You are responsible for contacting your insurance company regarding the expected financial expenses for pregnancy and delivery. This may be co-payments, lab fees, deductibles, co-insurance, etc. The patient is expected to pay her portion prior to delivery. We request that your portion be paid by the end of your 30th week of pregnancy. We will be verifying your insurance benefits and contact you regarding your financial responsibility prior to delivery. If you do not have insurance, you are expected to have your obstetrical fee paid in full by the 30th week of pregnancy.

• **Routine and Non-Covered services.** Not all insurance companies pay for routine services. If you have a service that is "Not a Covered Benefit" of your insurance, you will be financially responsible for payment of those services. We will not change the reason for your visit. Claims will be filed in accordance with the documentation in the chart. We advise that you check with your insurance carrier to see if your plan pays for any routine care; i.e., annual exams, contraception, etc. This will help you avoid any unexpected charges.

• **When you receive a bill from us, payment is expected within 30 days**. If you need to make payment arrangements, please contact our billing personnel at **(901)590-4428** before the 30-day period. If payment in full is not received within 30 days, a $5.00 billing fee may be added to the bill every month a statement is generated.

• **Patients are responsible for the cost of collection efforts.** If payments are not received in accordance with the above guidelines, the account will be turned over to a collection agency. The patient will be responsible for any collection fees, attorney fees and costs involved in collecting on the debt.

• **Lab fees.** All laboratory tests fees are billed separately. Our office will send a copy of the billing information on file with the specimen. We do not handle any of the lab billing. Some insurance plans require that your lab work be performed at certain laboratories. **It is your responsibility to inform the staff if your insurance requires a specific laboratory**. Please make sure we have your most current insurance information. If you have any questions or concerns about the bill from the lab, you must contact them directly. Same apply to self-pay patients

Please contact us with any concerns or questions you might have concerning your account.

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Signature Date Revised 2/11/2019