



Offices at Cranbrook ■ 10111 East 21st Street North ■ Suite 301 ■ Wichita, KS 67206

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Center For Women's Health

FINANCIAL POLICY

In the interest of good health care practice, it is desirable to establish a policy to avoid misunderstandings. Our primary responsibility is to help our patients experience good health, and we wish to spend our time and energy toward that end.

AGREEMENT:

- The patient is responsible for payment of all medical treatment and other related services covered by the treating provider at Center for Women's Health.
- As a service and out of consideration to our patients, this office will file insurance claims for all covered services. We will file up to two insurance companies. If you have additional coverage, you must file those yourself. We will not do 3rd party billing. This preparation is not a guarantee that we have a contractual relationship with your insurance plan, nor can we guarantee that your specific insurance policy covers the services that we have provided. It is a courtesy of CWH to provide an estimate of charges for procedures, surgeries, etc. but it is the patient responsibility to deal with insurance company.
- Self pay patients are responsible for all medical treatment and other related services covered by the treating provider at Center for Women's Health. While CWH will try to estimate services in advance, the patient agrees in advance to pay for all services, tests and fees the providers feel are necessary for the patient's care.
- We do not have a way to access the terms and conditions of your insurance policy and therefore are unable to speak on your behalf to your insurance company about contract disputes that you might have. If you believe that your insurance company has not paid your medical costs correctly, you should contact your company directly to negotiate a solution.
- This office will accept your insurance company's maximum allowable reimbursement. The patient will be responsible for any deductible, co-insurance and co-payment amount. The patient is 100% responsible for payment of any non-covered services at the time of service.
- Patients with insurance, which require a referral, must have a referral prior to receiving treatment. It is the patient responsibility to obtain all necessary referrals from the primary care physicians. Patients without proper referrals and electing to receive service from the office will be required to make full payments in advance of the time of service.
- Patients normally receive a statement from our clinic after the insurance company has processed the claims. This will include all charges that the insurance company has not paid. **Payment is due upon receipt.**
- **An 18% APR will accrue on balances not paid within the specified billing cycle, with a \$10 minimum charge. Rates are subject to change without notice.**
- An account is considered past due if not paid by due date listed on billing statement, unless prior arrangements have been made with our billing office. If no attempts at payment have been made, the account may be referred to a collection agency.
- Patients may be discharged from care due to nonpayment of account.
- Patients who reserve an appointment with a provider and fail to keep that appointment will be subject to a \$50 no-show fee; \$100 no show fee for a scheduled procedure. To avoid this charge, patients must cancel appointments 24 hours prior to their reserved time. Fees are subject to change without notice.
- We accept cash, check, Visa, MasterCard, Discover, and debit cards. There is a \$50 returned check fee.
- CWH may send you a refund check for services rendered; if this check is lost, stolen, or not received there is a \$35 stop payment fee to reissue the check. We will not reissue checks for services later than one year.
- A copy of this form is available upon request.

INSURANCE RELEASE:

I authorize payment of medical benefits to the treating provider at Center for Women's Health to release any information requested by my insurance carrier.

I have read and understood the above agreement and by my signature here below, agree to the terms.

Patient Signature

Patient Printed Name

Date of Birth

Responsible Party Signature

Responsible Party Printed Name

Relationship to Patient

Date