



Administrative Offices: 1745 Shea Center Dr, 4<sup>th</sup> Floor, Highlands Ranch, CO 80129 | www.obga.net

## PATIENT FINANCIAL POLICY

The physicians of Aspire for Women Obstetrics and Gynecology who are partners in OB/GYN Affiliates (“OBGA”), appreciate the challenges in understanding insurance coverage. Our office provides medical services in good faith with the expectation that they will be paid for those services. All of our services are billed under OBGA’s name and tax identification number (TIN).

### Your Medical Insurance:

Your medical insurance policy is a contract between your employer and/or you and the insurance carrier. OBGA is not a party to that contract. Your coverage, the requirements for co-payments, deductibles and co-insurance are all defined in your policy. You are responsible for reading, understanding, and following the procedures outlined in your policy handbook. We will be happy to assist you when and where we can with specific questions and concerns. **Your insurance plan or the federal government determines the range of benefits available to you.**

### Who is Responsible?

You are responsible for all charges, whether they are incurred in the hospital or office. We are happy to assist you by processing all claims for our services with your primary insurance, as well your secondary insurance if applicable. Once your insurance pays their portion, any remaining portion of the bill will be transferred to patient responsibility. Providing accurate, up to date insurance information to OBGA is the patient's responsibility. This should include all insurance policies by which the patient is currently covered, as well as which insurance is considered primary vs. secondary when applicable. **Inaccurate information will result in insurance claim denials and make it difficult or impossible to assist you. This may result in our request for immediate payment for the services that were provided to you.**

### Copays, Deductibles, and Coinsurance:

OBGA contracts with insurance plans and our fees are based on the terms of our agreements with these entities. The patient will often have financial responsibility for a portion of these fees.

**Copays must be paid at the time of the office visit.** We cannot waive any copays, deductibles or coinsurance amounts defined as patient responsibility under the terms of our contract with your insurance plan. In fact, such a waiver may violate state and federal laws.

### Credit Card on File Requirement:

We require patients to sign an agreement with us via our secure credit card merchant, Elavon, Inc. to keep a credit or debit card on file which will automatically be charged for the patient responsibility portion upon receipt of the insurance explanation of benefits (EOB). We will send you an email notification 5 days prior to processing the amount to the credit card on file. This gives you an opportunity call our office within that timeframe if you have any questions or concerns about your balance. We accept Visa, MasterCard, Discover and American Express credit or debit cards. Please be aware that depending on the service, we may require the patient’s responsibility portion at the time services are rendered. If an overpayment is inadvertently collected, a refund will be issued.

### Obstetrical and Surgery Patients:

After your first visit to our office (OB) or the decision for surgery (GYN), our staff will verify benefits with your insurance company and calculate the approximate amount that your insurance will not cover.

- OB Patients: The portion that is your responsibility can be divided into monthly installments and must be paid in full by the beginning of the 24<sup>th</sup> week of pregnancy.
- Surgery Patients: The portion that is your responsibility must be paid at the time of your pre-operative exam.

### Use of Collection Agencies:

Defaulting on a patient balance or on a payment plan arrangement may cause your account to be immediately turned over to a collection agency. Once a patient account has been turned over to a collection agency, the patient may be discharged from the practice and cannot schedule further appointments with our practice. If you have a question about your account balance or would like to discuss a payment plan arrangement, please contact our patient accounts receivable representative at (303) 221-1490.

**Returned Check Fee:**

The return of a check issued to Aspire for Women Obstetrics and Gynecology will result in a \$25.00 returned check fee being placed on your account. Prompt payment is expected for the amount of the returned check, as well as the returned check fee. Once a check has been returned on the account, payment in the form of a check will no longer be accepted.

**Bill Received from Other Entities:**

The bills that you receive from OBGA are separate from any hospital, radiology, pathology or laboratory bills. Questions regarding bills received from entities other than OBGA should be directed to the provider’s office from which the bill originated.

**Requests to Modify Services Billed:**

We make every effort to be in compliance and to eliminate payment denials before they occur. We are legally obligated to assign procedure codes and diagnosis codes based on the services provided to you. We cannot change the insurance coding to allow you to receive benefits for non-covered services.

Please keep in mind that some insurance companies will assign a patient responsibility if the annual well-woman exam is done along with any other gyn services provided including a copayment, deductible or co-insurance responsibility. **It depends entirely on your insurance plan coverage.**

**Financial Payment Plan:**

Minimum payments under a payment arrangement cannot be less than \$100 per month and the entire balance of your bill must be paid within 90 days of the service that is provided. **OBGA does not permit outstanding patient account balances without a specific payment plan arrangement. Contact our office to arrange this at (303) 221-1490.**

**Network Participation:**

We will make every effort to ensure that our providers are in network with your insurance plan at the time you provide your insurance information to our office. However, it is ultimately the patient’s responsibility to confirm whether our physicians are considered in network with your insurance plan. The network participation of our physicians with your insurance plan can be verified by calling the member services number on the back of the patient’s insurance card. Additional questions regarding network participation can be directed to our billing office at (303) 221-1490.

**Uninsured Patients:**

Payment in full at the time of service will qualify for a 25% discount for services rendered. Federal Law limits this to uninsured patients only.

By my signature below, I acknowledge that I have read and fully understand the Financial Policy of OBGA. All of my questions regarding this Financial Policy have been answered to my satisfaction.

Patient Name (print): \_\_\_\_\_

Signature of Patient or Patient Representative: \_\_\_\_\_ Date: \_\_\_\_\_