

Westmoreland Obstetric & Gynecologic Associates, SC

Kelley London, MD

Adam Cohan, MD

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FINANCIAL PAYMENT POLICY

The purpose of this form allows Westmoreland Obstetric & Gynecologic Associates, SC to treat you, bill any insurances you may have, share information with other health care offices/facilities, and to collect on your account.

REGARDING INSURANCE: Due to the numerous healthcare plans available, it is the patient's responsibility to verify that we are in network with your specific insurance plan. Should your insurance coverage be with more than one of these companies, we will bill your insurance company along the guidelines of our contract. However, co-payments, co-insurances, deductibles, and non-covered services that have not been satisfied, are the responsibility of the patient and payment is expected at the time services are rendered. If you have an insurance with which we do not participate, we **require** that payment be made at the time services are rendered. As a courtesy to our patients, we will submit a claim to your insurance company.

SPECIAL NEEDS: There are times when paying balances can be a financial hardship. It may be necessary to set up a payment plan for patients who cannot comply with our financial policy. If you are in need of special payment arrangements, please advise our Billing Department to arrange a payment plan.

I authorize treatment by the providers of Westmoreland Obstetric & Gynecologic Associates, SC. I also authorize the release of any information requested by insurance companies or liable third parties and I assign any insurance benefits to Westmoreland Obstetric & Gynecologic Associates, SC. If the correct insurance information is not given or the proper referral is not obtained, then the patient will be responsible for the balance in full.

I acknowledge that I have received a copy of Westmoreland Obstetric & Gynecologic Associates, SC Notice of Privacy Practices. I hereby understand the financial policy of this office. I guarantee payment of all charges incurred for the account of the patient below. I further agree to pay any incurred collection fees, attorney fees and court costs related to collection on my account balance.

- **THE FEE FOR A RETURNED CHECK IS \$25.00.**
- **AS WE REQUIRE AT LEAST 24 HOURS NOTICE TO CANCEL OR RESCHEDULE AN APPOINTMENT, YOUR CREDIT CARD ON FILE WILL BE CHARGED \$50.00 FOR ANY CANCELLED OR RESCHEDULED APPOINTMENT WITH LESS THAN 24 HOURS NOTICE, OR FOR ANY NO SHOW APPOINTMENTS.**
- **CO-PAYS ARE DUE IN FULL AT THE TIME OF SERVICE.**
- **IT IS YOUR RESPONSIBILITY TO PROVIDE WESTMORELAND OBSTETRIC & GYNECOLOGIC ASSOCIATES, SC WITH YOUR CURRENT INSURANCE INFORMATION. ANY BALANCES INCURRED DUE TO INCORRECT INSURANCE INFORMATION OR INSURANCE INFORMATION SUBMITTED TO US PAST THE TIMELY FILING DATE, WILL BE YOUR FULL FINANCIAL RESPONSIBILITY.**
- **ANY SERVICE THAT IS NOT COVERED BY YOUR INSURANCE COMPANY, FOR WHATEVER REASONS, IS YOUR FINANCIAL RESPONSIBILITY. ANY UNPAID BALANCES OVER 60 DAYS FOLLOWING INSURANCE RESPONSE WILL BE CHARGED TO THE CREDIT CARD ON FILE, UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE.**
- **CALLS REGARDING PRESCRIPTION REFILLS WILL ONLY BE ADDRESSED DURING OFFICE HOURS. THE CHARGE FOR PRESCRIPTIONS THAT ARE NOT HANDLED DURING OFFICE HOURS IS \$50.00.**
- **THE CHARGE FOR ISSUES THAT ARE HANDLED VIA PHONE CONSULTATION INSTEAD OF AN OFFICE VISIT IS \$50.00 . SOME INSURANCE PLANS DO NOT COVER PHONE CONSULTATIONS, AND SO YOU MAY BE RESPONSIBLE FOR THE COST.**

Patient or Guardian Signature
(Must be 18 or older to sign)

Date

Please print patient name

Please print Guardian's name