

## Alliance For Women's Health, Inc.

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### **OUR FINANCIAL POLICY**

Effective 3/1/2004

Revised 10/8/2008, 10/4/2010, 11/24/14, 2/5/2015

Thank you for choosing our office as your healthcare provider! We are committed to providing you with the highest quality of care in the specialized field of Obstetrics & Gynecology & Bladder Control. Please understand that we consider the payment of your bill as part of your treatment. We believe this policy is an important part of our professional relationship and expect cooperation from you for any charges accrued to your account. If you have any questions or concerns regarding this policy or our fee schedule, please do not hesitate to contact our accounts department for an appointment to discuss your concerns at no charge.

#### **UCR (Usual & Customary Rates)/ Private Insurances**

Our providers and our entire staff are committed to providing the best treatment possible for our patients. We feel that our charges are that of a reasonable amount for the specialization of our practice in this local area. Please understand that you will be responsible for payment of any visits that you may have at this office. If you do have insurance through your employer, a spouse, or a parent, please understand that we will gladly submit the charges to your insurance company on your behalf. If your insurance company makes payment to us and you are due a refund, this office will issue a refund check to you. We will call your insurance company if no payment is received within 30 days, but we also request that you keep track of your insurance and help us to receive a timely payment. If after 60 days no payment is received, we will place this balance in your personal account for you to help us collect payment from your insurance carrier.

Patients that we are contracted with their insurance company & our providers are classified as participating providers; we have agreed to accept that insurance's managed care fee schedule. We are providers for most insurance companies. We encourage you to check with your insurance company prior to your visit to inquire if we are on your plan & to ask them any questions you have regarding coverage and/or benefits/ For example, is one annual check-up covered per year and is that year a calendar year or does it have to be more than 365 days.

\*\*If we are not a provider for your insurance, our policy is to collect the full amount on your service date. Again, if our office receives payment from your insurance company, we will gladly reimburse you.

\*\*If we are a participating provider for your insurance & you are required to pay your co-pay only, we will collect that at the time of your visit.

\*\*If you are pregnant or require surgical procedures; other financial arrangements will be discussed for each individual patient.

PLEASE REMEMBER THAT INSURANCE IS A CONTRACT BETWEEN YOURSELF & YOUR INSURANCE COMPANY, OUR OFFICE CANNOT GUARANTEE COVERAGE BENEFITS OR PAYMENT FROM THEM.

#### **All Patients must keep insurance companies updated with yearly COB information– failure holds up claims.**

If you have any questions regarding these issues, please refer to the 800 number on the back of your I.D. card. You are ultimately responsible for timely payment of any amount not covered or denied by your insurance company.

#### **Self Pay Patients/Non Covered Services**

**Payment will be collected IN FULL at the time of your service.** In the case of an EXTENSIVE PROCEDURE, SURGERY, or PREGNANCY a payment plan is available in advance. Extensive procedures and surgeries REQUIRE HALF of the total amount due BEFORE any services are provided.

Over Please →

## COLLECTIONS CRITERIA

If you have insurance, we will submit the claim in a timely manner. Once we receive an Explanation of Benefits from your insurance company your account will then be placed on a 0-30 day range. You have 30 days to pay your responsibility in full or finance charges will be **assessed** to your account each month until your balance is paid or you reach the appropriate collections criteria. *In the event that we have not received an EOB from your insurance within 90 days, the charges become your responsibility, regardless of the nature of the service.* It will be your responsibility to contact your insurance company and address why non-payment was made. Our office follows up on each claim that is sent and re-files only when deemed necessary. We will NOT change or falsify any CPT or diagnosis code so that insurance will cover your visit or procedure. We will only submit correct & accurate medical information evaluated by the doctor.

**PLEASE DO NOT ASK US TO CHANGE ANY CODES.**

**\*\*AFTER 120 DAYS IF WE DO NOT HEAR FROM YOUR INSURANCE OR A BALANCE HAS NOT BEEN PAID ON YOUR ACCOUNT; YOUR ACCOUNT COULD BE FORWARDED FOR COLLECTION ACTIVITY. FAILURE TO COOPERATE TO MAKE GOOD ON AN ACCOUNT MAY ALSO RESULT IN DISMISSAL FROM THIS PRACTICE.** We would like to encourage you to check with our office and see if a payment has been made by your insurance or if you have been sent a statement that you pay the amount due **promptly**. If non-payment of any account results in turning your account over to an outside collection agency; you will also be responsible for your original amount plus any collection fees assessed in the pursuit of collection this debt.

*\*\*All patients that do not have their account up to date; may not make an appointment until paid in full\*\**  
**BANKRUPTCY ACCOUNTS MAY RESULT IN DISMISSAL FROM THIS PRACTICE.**

## RESCHEDULED OR MISSED APPOINTMENTS

Please understand that our office works by a schedule and we have reserved the appropriate time slot so that you may speak with our providers and that he/she may be of service to you during the time allotted. It is our policy that if you do not contact us 24 hours in advance of your scheduled appointment date and time that **you will be subject to a \$20 no call/no show fee**; and your non compliance will be recorded in your chart. Repeated no shows may result in dismissal from the practice. If you reschedule your appointment the same day you may be subject to a fee. **Please be advised that if you have received this charge that payment will be collected before you are brought back to see your provider.** Occasionally our providers' schedules may be disrupted and not run on time, we understand our patients have busy lives; we will do our best to keep you informed of these delays and will ask that you also keep us informed of your time constraints. Communication is a vital key to a successful healthcare provider-patient relationship. \$50.00 will be charged to patients scheduled for surgery or office procedures if cancelled within 3 business days.

## CALL IN PRESCRIPTION

If it is necessary for our office to call in a prescription for you, you could be subject to a \$15 fee for the service.

## RECORDS RELEASE

Our office reserves the right to charge a fee for release of medical records. This fee includes: paper, postage, and man-power. This fee must be paid before the release of records. Our medical records department requires 48-72 hours to produce these documents. If you have questions regarding this policy; please ask the Front Office.

## COMPLETION OF FORMS

A \$10 fee will be charged for completion of any forms pertaining to leave of any medical condition to your place of employment; including Short/Long Term Disability, FMLA (surgery or pregnancy related), or Government Assistance Programs; **\$50 fee for Health or Life Insurance forms**. Please allow approximately one week for completion of forms. We will contact you when your forms are ready.

*The fee must be paid upon release of forms to patient.*

**Thank you for understanding and signing our financial policy. Again, if you have any questions, or concerns please let the Front Office know and we will be happy to address them accordingly. We look forward to establishing a relationship with you and meeting all of your future healthcare needs!**

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PATIENT SIGNATURE

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PRINT NAME

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DATE

--Copy available upon request--