



PAYMENT AND COLLECTION POLICY

STRICT PAYMENT POLICY

It is the firm policy of this practice that payment must be made in full at the time of service. Cash, personal checks, Visa, MasterCard, Discover and American Express are accepted. ***If, for some reason, payment cannot be made at the time services are rendered, acceptable payment arrangements must be made prior to any services being provided.***

RESPONSIBILITY FOR FILING CLAIMS

In all cases, the patient is responsible for payment. This practice will file a claim with those insurance carriers that are contracted with this practice.

OBSTETRICAL PATIENTS' PAYMENT PLANS

Our obstetrical payment plan covers the patient's estimated balance that is not covered by their insurance based on a pregnancy requiring routine obstetrical care. Patient payments are required to be made in monthly installments. A refund check will be issued to you if your insurance company pays more than what was estimated. This can only be determined at the end of your pregnancy when our claim for global care is submitted to your insurance plan and the claim is processed. Estimates given by your insurance company are not a guarantee of payment. **Any difference between quoted amounts and amounts actually owed will be the responsibility of you the patient.** An obstetrical payment plan will be set up after the first OB visit with the contract terms outlined for the patient. ***Uninsured obstetrical patients are required to have a financial plan in place with our accounts receivable department at their first OB visit, including a deposit.*** Patients will receive a copy of the agreed upon OB Payment Plan which will list monthly payment and date due. **This is your payment reminder!** All payments are due monthly. The only notice sent to patient will be a delinquent notice if a monthly payment is missed. Failure to keep payment arrangements current may result in collection activity, cancellation of services or transfer/dismissal from practice. If you wish to discuss your payment plan, please contact the number at the bottom of the back page during the hours listed.

PERIOD FOR UNPAID BALANCES

Any unpaid or remaining balance on the patient's account after the insurance has made payment must be paid within 30 days. If hardship or special circumstances prevent the patient from making scheduled payments, the patient must contact a collections coordinator in this office to make acceptable arrangements. All subsequent non-emergency services will be on a cash or credit card payment basis only.

BAD DEBT/COLLECTIONS

All instances of non-payment will be turned over to our bad debt agency for collection. The resulting 12% collection agency fees and/or attorney fees and/or court costs, will be added to the patient's account balance. Unpaid balances may lead to permanent dismissal from our practice.

DISCOUNTS

Any discounts, self-pay or other, are only valid if payments are on time and in full as specified in the agreement. Otherwise, discounts will be forfeited and removed from the accounts in question.

Physicians Surgeons for Women

RETURNED CHECK FEES

There is a separate \$35 fee for all returned checks. The patient is responsible for payment of the check and this additional \$35 fee upon notification of the returned check. This payment must be made with cash, money order or credit card.

CHANGES OF INSURANCE

Should you have a change in your insurance coverage, it is the sole responsibility of the patient to notify us of these changes immediately. Any delays in us receiving your correct insurance information may result higher out of pocket expenses, denied claims, etc. **Should your insurance change to a payor that we are not contracted with, it is the patients' responsibility to notify us immediately of this change.**

These notifications must take place whether the change is to your primary insurance coverage or secondary insurance coverage. **Physicians and Surgeons for Women, Inc. will provide emergency care only for thirty days from the date of notification.** You may have your medical records transferred to the provider of your choice once you have completed a medical records release form.

ELECTIVE SURGERIES

For elective surgery (e.g. tubal ligation), and other services; this office will verify the patient's insurance benefit prior to the scheduled procedure. Verification of benefits from your insurance carrier is not a guarantee of payment. **You will be contacted by our Financial Counselor to discuss your insurance coverage and payment to be made prior to the surgery. The patient is responsible for payment in full on any balance not paid by her insurance.**

SPECIAL LETTERS AND FORMS

The physician's office requires a minimum of 10 working days to complete FMLA, disability forms and letters required for the employer regarding medical care. **There is a \$25.00 charge for each completed form.**

We will require the patient's signature of acknowledgement of this policy annually.

Patient Signature: _____ Date: _____

Patient Name: _____ Date of Birth: _____

Contact Numbers:

Billing Department & Financial Counselor:

937-323-7340

Option # 4

Hours: Monday – Friday 8:00 am – 12:00 pm

1:30 pm – 4:30 pm