**FemmPro OB/GYN**
*Is for Women's Health*

| 1061 N. Broadway | 520 Franklin Avenue |
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# FINANCIAL PAYMENT POLICY

**Regarding Insurance:** Our office participates with Medicare and many managed care insurance companies.  Should your insurance coverage be with one or more of these companies, we will bill your insurance company along with the guidelines of our contract.  However, co-payments, co-insurances, and deductibles that had not been satisfied, are the responsibility of the patient and payment is expected at the time the services are rendered.  If you have an insurance with which we do not participate, we ask that the payment be made at the time the services are rendered and your insurance company will reimburse to you any amount due.

**Special Needs:** There are time when making a payment can be a financial hardship.  It may be necessary to set up a payment plan for a patient who cannot comply with our financial policy for non-well visits.  If you are in need of special payment arrangements for non-well visits, please advise our Billing Coordinator or Administrative Supervisor as soon as possible.  Copays are exempt from this because your insurance requires you to pay your co-pay at the time services are rendered.

Informing our patients about our financial policy assists us in providing the best service to our patients.  Thank you for taking the time to read this policy statement. Should you have further questions or comments, please contact our Billing Coordinator or Administrative Supervisor.

## We are here to help!

I hereby understand the financial policy of this office.  I am responsible for services not covered by my insurance company.  I guarantee payment of all charges incurred for the account of the below patient.  I further agree to pay Attorney's fee, or Collection Service fee, and other related collection fee's incurred.  I also agree my employer may be contacted to verify employment status.

**Print Name**: _____

**Patient Signature**: (Must be 18 or older) _____

**Guardian**: _____

**Date**: _____