

PATIENT CARE AND FINANCIAL AGREEMENT

INSURANCE

- SNE Women's Health participates with most medical insurance plans in the area.
- We will file a claim on your behalf and accept contracted payments for covered services.
- You are responsible to pay for plan deductibles, co-insurance and copayments associated with the services rendered (commonly referred to out of pocket expenses).
- You are responsible to pay for services that your medical insurance plan does not cover or that they determine are not medical necessary.
- Copayments will be collected at the time of service. An addition \$5.00 fee will be charged if you request to be billed on the day of service.
- Non-participating insurance – If SNE Women's Health does not participate with your insurance plan, you are responsible for payment of all charges associated with the services you received.

NO INSURANCE-SELF PAY

- Payment is expected at time of service
- Payment plans are available but must be established before services are rendered.

REFERRALS

- If your insurance requires a referral for specialty OB/GYN services, you will be responsible to procure the referral from your primary care physician before your appointment.
- If a referral is not provided prior to services being rendered and you choose to continue to have services rendered, you will be responsible for payment at the time services are rendered.

OUTSTANDING BALANCES

- Outstanding balances incurred including co-insurance, copayments and/or noncovered services incurred from prior services are expected to be paid in full or have a payment plan established before additional services are rendered.
- We reserve the right to reschedule your appointment(s) if you have a balance greater than 60 days and/or if any outstanding balances have been transferred to collections.
- Outstanding balances are due 30 days following the first billing cycle. Balances over \$250 must be paid within three (3) months of the first billing cycle unless arrangements are made with the billing office to extend an additional three (3) months. Payment plans shall not extend beyond 6 months. Unpaid balances after six (6) months will be sent to collections.

NO SHOW FEE

- The practice reserves the right to charge a \$50.00 fee for appointments cancelled or broken without 24 hour advance notice.

BILLING AUTHORIZATION & ASSIGNMENT OF BENEFITS

- I hereby authorize release of information necessary to file claim with my insurance company and assign benefits to SNE Women's Health dba Southern New England Healthcare for Women, LLC (SNE). I agree that I will pay any collection or attorney fees and costs incurred in collection of my account by SNE. I understand that I am financially responsible for all charges not covered by my insurance, including those resulting from my failure to provide the practice with current/updated insurance information or obtain the necessary referral and/or other authorization from my primary care and/or referring physician when required.

ACKNOWLEDGEMENT:

Signature of patient or responsible party

Date