



FINANCIAL POLICY

New Beginnings OB-GYN believes that part of good health care practice is to establish and communicate a financial policy to our patients. We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policy.

Payment is expected at the time of your visit. We will accept cash, check, or credit card. Payment will include any unmet deductible, co-insurance, co-payment amount, or non-covered charges from your insurance company. If you do not carry insurance, or if your coverage is currently under a pre-existing condition clause, payment in full is expected at the time of your visit. We do ask for a copy of an ID card or driver's license due to the increase in identity theft. (Please do not be offended!)

We are a participating provider with many insurance plans. We will file all of these insurance claims on your behalf as a courtesy to you. Please remember that insurance is a contract between the patient and the insurance company, and ultimately, the patient is responsible for payment in full. If your insurance company does not pay the practice within a reasonable period of time, you will be billed.

If our doctors are not listed in your plan's network, you may be responsible for partial or full payment. If you are insured by a plan with which we have no prior arrangement, we will prepare and send the claim in for you on an unassigned basis. This means the insurer may send a payment directly to you and therefore, our charges for you are due at the time of service. Due to the many different insurance products available, our staff cannot guarantee your eligibility and coverage. Be sure to check with your insurer's member benefits department about services and physicians before your appointment. If you have no insurance benefits, please ask about a discount from New Beginnings OB-GYN; one may be provided at our discretion.

Not all insurance plans cover all services. In the event your insurance plan determines a service to be "not covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office. Late charges may be applied to all patient balances 60 days old or greater.

The cost of any returned checks will be passed on to you. You will be asked to bring cash, certified funds or a money order to cover the amount of the check plus any additional costs to pay the balance prior to receiving any further services from our office. Stop payments constitute a breach of payment. Any legal fees or collection fees incurred will also be passed along to you. It is your responsibility to pay these amounts in full.

Payment and credits are applied to the oldest charges first, except for insurance payments which are applied to the corresponding dates of service.



Completing insurance forms, Family and Medical Leave Act (FMLA) forms, copying medical records, and other patient requests requires office staff time and time away from patient care for our doctors. We require pre-payment for completing forms, copying medical records, notarizing, or for extra written communication by the doctor. The charge is determined by the complexity of the form, letter, or communication, and will be communicated to you at the time of request. Copying fees for Medical Records are up to \$.60 per page. Please allow adequate time for preparation of any forms or requests for medical records.

If you have questions in regard to any of your billing statements, our accounts receivable staff is available to assist you. Please call the office for contact information, or call the number printed on your statement or bill.

If you do not cancel your appointment at least 24 hours prior to your appointment time, or if you do not show, we will assess you a \$25 missed appointment fee.

I understand that I, personally, am financially responsible to New Beginnings OB-GYN for charges not covered by the assignment of insurance benefits.

I hereby assign, transfer, and set over directly to New Beginnings OB-GYN, sufficient monies and/or benefits for basic and major medical to which I may be entitled for professional and medical care, to cover the costs of the care and treatment rendered to myself or my dependent in said clinic. I authorize New Beginnings OB-GYN to contact my insurance company or health plan administrator and obtain all pertinent financial information concerning coverage and payments under my policy. I direct the insurance company or health plan administrator to release such information to New Beginnings OB-GYN. I authorize New Beginnings OB-GYN to release all medical information (including, but not limited to, information on psychiatric conditions, sickle cell anemia, alcohol and drug abuse, and HIV or communicable diseases) requested by my health insurance carrier or any other third-party payers.

I hereby authorize New Beginnings OB-GYN to release to governmental agencies, insurance carriers, or others who are financially liable for such professional and medical care, all information needed to substantiate claim and payment.

I understand that in the event my account is placed in collection status, any additional fees incurred due to this, will be added to my outstanding balance. This includes but is not limited to late fees, collections agency fees, court costs, interest and fines. I understand that these additional fees will be my personal responsibility to pay in full. New Beginnings OB-GYN uses a collection agency for delinquent accounts. This collection agency may report your credit history to the major credit bureaus.



I have read and understand the practice's financial policy and I agree to be bound by its terms. A copy of this policy has been provided to me, and is available on the practice's website at www.newbeginningsOBG.com.

PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ AND ACKNOWLEDGE THE ABOVE POLICIES.

Patient or Guardian/Responsible Party Signature

Date

Print Full Name of Patient

Patient's Date of Birth