



Thank you for reviewing our office and financial policies. We commit to provide you with the most compassionate and competent service possible.

- Patients are seen in the office by appointment only. Appointments may be made by telephone or on our website through your patient portal.
- For your initial visit, please arrive 15 minutes early to complete necessary paperwork and present your insurance card(s) and driver's license.
- Please be prepared to present your insurance card at every visit. All insurance changes are to be reported to us as soon as possible. If you do not have your insurance information at the time of service, you will be considered self-pay. Correct insurance information ensures that we meet filing deadlines set by your insurance carrier. If you present the information at a later time, we will file as a courtesy but if the claim is rejected, you will be responsible for the full amount.
- We require at least a 24 hour notification if you are unable to keep your scheduled appointment. This courtesy will allow us to accommodate other patients. We do, however, realize that emergencies arise.
- We make appointment reminder calls for annuals and office procedures 2 days prior to your scheduled appointment. We do not make reminder calls for obstetrical/pregnancy (OB) appointments. OB patients are responsible for keeping track of their appointments.
- Providing that we are contracted with your plan, we will file the claim for you. You are responsible for your co-pay, if applicable. Verifications of insurance coverage are the patient's responsibility and an estimate only, not a guarantee of benefit responsibility. If your plan requires prior authorization to see a specialist, you are responsible for getting the referral to our office before the day of the appointment.
- If your insurance doesn't pay under the pre-existing clause then all services will be the patient's financial responsibility.
- It is your responsibility to confirm with your insurance if we are in or out of your network, and if the service you request is covered by your insurance.
- All co-pays, co-insurance and deductibles must be paid at the time of service.
- All lab work will be billed separately by the respective laboratory and is not included in our charges. Any questions regarding bills for lab work should be addressed with the laboratory. At your doctor's discretion, lab results are sent to you through your patient portal. Please make sure we have your most current contact information on file.
- When calling for a prescription refill on a current medication, please contact your pharmacy to send a refill request even if you have no refills remaining. If you are requesting a new medication, we will require your pharmacy name, street address and phone number. Please allow up to 2 business days for medication requests to be filled. Please contact your pharmacy for the status of your refill request.

- Solace Women's Care offers a secure patient portal as a service to our patients who wish to view their records and communicate with our staff. We encourage all of our patients to sign up for this service as a valuable communication tool. However the portal is not to be used in emergency or urgent matters.
- If you require short term disability, FMLA or other forms to be filled out by us, these forms will be completed for a fee of \$25.00 per form.
- A \$25.00 charge will be charged for any returned checks. Checks will be processed electronically.
- For your personal use there is a \$25.00 charge for the first 20 pages of your medical records and \$0.50 for each page thereafter, unless requested by another physician.

I have read and understand the above office and financial policies and agree to be bound by these terms. I agree to make payments, co-insurance and/or deductibles that are required by my insurance plan. I also understand and agree that Solace Women's Care may amend such terms from time to time.

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Print Name

Signature

Date