

# Mid-Kansas Women's Center, PA

## INFORMED CONSENT

Mid-Kansas Women's Center is committed to providing you with the best possible care and your understanding of our policies and procedures is important to our professional relationship. Please feel free to ask if you have any questions about our fees, our policies or your responsibilities. We request that you carefully review the following information and return this form to us with your signature and today's date.

### **Insurance:**

We will file your insurance claims; however, we will not become involved in disputes between you and your insurance carrier. You are responsible for the timely payment of your account. Your responsibility may include but is not necessarily limited to, deductibles, co-payments, co-insurance, and non-covered charges. Co-payments are due at the time you check in at the front desk and PRIOR to being seen. This requirement is part of the contract you have with your insurance carrier.

Please bring your current insurance card to each appointment. We reserve the right to reschedule appointments if proof of insurance cannot be furnished at the time of the appointment. **Medicaid, and KanCare patients must notify us of their coverage within the month they first become eligible. We are permitted by those programs to charge you directly for services if your card is presented late.**

### **Payment Options:**

We accept cash, checks or any of the following credit cards for payment: Visa, Master Card and Discover. If your insurance company does not pay the full balance, you will be sent a statement notifying you of any amount due from you. If you cannot pay the balance in full, please contact our billing department to make payment arrangement. Special financing is also offered through CareCredit for those patients who qualify. While we are willing to work with you regarding outstanding balances, it is necessary that you remain in contact with us. Delinquent accounts may be turned to a collection agency.

#### Payment Requirements for Surgery

When setting up your surgery, we will contact your insurance company to evaluate your estimated out-of-pocket expenses. We require a 50% payment prior to surgery. The remaining balance is due at the time you receive a statement.

#### Payment Requirements for Obstetrical Care

During your first appointment with our office, you will be scheduled to meet with one of our billing staff. We will contact your insurance company to evaluate your estimated out-of-pocket expenses. Various payment arrangements are available and will be discussed with you in detail. However, please know that our policy is that payments should be made regularly during the course of the pregnancy and payment in full is required prior to your delivery.

### **Returned checks:**

The charge for a returned check is \$30.00 payable in cash or money order. This amount will be applied to your account in addition to the insufficient fund amount. You may be placed on a "Cash Only" basis following any returned check.

## Appointment times:

Although we endeavor at all times to maintain on time appointments, our doctors are often called to the hospital during the day for deliveries. This may require a delay in your appointment time or you may be given the option of seeing one of our other providers. We appreciate your understanding and patience during these times and request that you allow time in your schedule for possible delays in your appointment time.

## Cancellations:

A specified amount of time is reserved for each patient and certain costs are incurred by the practice in preparation for the appointment. If you are unable to keep your appointment, please call our office so your appointment time can be released to someone on our waiting list. Although we appreciate a twenty-four (24) hour notice, we will accept a cancellation up to two hours prior to the appointment. We reserve the right to impose a charge of \$35.00 for patients who miss appointments without calling to cancel.

## Laboratory:

Mid-Kansas Women's Center utilizes Quest Diagnostics for all laboratory testing.

## Referrals:

If a referral form is required, it is the patient's responsibility to obtain this form from the primary care physician ***PRIOR*** to any appointment. Failure to obtain a referral form may result in a reduction of benefits or may require that your appointment be rescheduled.

## Minors:

The parent(s) or guardian(s) of a minor is responsible for full payment of all services provided to the minor and will receive a billing statement for any balances not covered by insurance. A signed release to treat may be required for unaccompanied minors.

## Personal Items:

Personal items are the responsibility of the patient and we encourage you to keep your personal items with you during your office visit(s). **Food and beverages are not permitted in the waiting room or patient treatment areas.**

To insure that proper attention can be focused on our patients, we encourage you to bring no more than one child between the ages of two and six to your appointment. Infants and well behaved older children are welcome.

## Financial Responsibility:

I agree to pay Mid-Kansas Women's Center any and all charges for services rendered. I understand that regardless of any assigned insurance benefits, I am responsible for paying the total charges for all services rendered.

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Patient Name (Please print)

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Patient DOB

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Patient Signature

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Date

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Responsible Party Signature (if different from patient)

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Date