

TREATMENT AND PAYMENT AGREEMENT

Treatment Consent and Authorization: I consent and authorize Williamson Gynecology to examine me and perform all treatments for this and all following visits; including, without limitation, prescribed medications, performance of diagnostic procedures and laboratory tests as deemed necessary or advisable by the attending physician. This consent and authorization is given in advance of any specific diagnosis or treatment and is continuing until revoked in writing.

Insurance Plan Benefits: Williamson Gynecology participates with multiple insurance plans. Each insurance plan has different benefit packages and regulations. I understand, acknowledge, and agree that it is my responsibility to be familiar with my insurance benefits and to advise Williamson Gynecology staff regarding my insurance coverage. I understand, acknowledge, and agree that I am fully responsible for all charges; including, without limitation, laboratory tests that are not covered by my insurance policy.

Payment Agreement and Financial Patient Policies: Williamson Gynecology will file the insurance claim(s) with my insurance carrier for services provided to me. I understand, acknowledge, and agree that Williamson Gynecology must collect my co-payments, co-insurance, non-covered services and deductibles at the time the service is rendered. The patient is required to present his or her insurance card at the time of the visit. Without a current insurance card, Williamson Gynecology will not be able to file the patient's claims appropriately and the patient will be responsible for the payment of all charges. If my insurance coverage changes, I agree to notify Williamson Gynecology at the time of my visit. Williamson Gynecology may not be able to re-file claims, and I would be responsible for full payment. It is our preference to keep your credit card on file for any balances you owe.

Returned Checks: Williamson Gynecology accepts personal checks, cash, MasterCard, and Visa. I understand, acknowledge, and agree that if my check is returned for any reason, a \$30 service charge will be charged to my account. Williamson Gynecology will require me to pay for all future visits by cash or credit card.

Laboratory Tests: Laboratory tests are normally drawn at the Williamson Gynecology office. Some insurance companies require the patient to go to a particular laboratory. Solstas performs the majority of Williamson Gynecology tests. There may be some tests performed for which Williamson Gynecology will bill the patient directly, but the bulk of testing is billed by Solstas.

No Show Policy: I understand, acknowledge, and agree that any time that I miss an appointment without giving 24-hour advance notification; Williamson Gynecology will assess me a \$35.00 no-show fee for office visits and \$50.00 for surgical appointment and ultrasounds. This will be my responsibility to pay at the time the appointment is cancelled.

I have read, understand, and agree to this policy.

Signature of Patient or Legal Guardian _____

DOB _____

Printed Name of Patient or Legal Guardian _____

Date _____