

Women and Adolescents Gynecology Center, LLC

7300 France Avenue South, Suite 328
Edina, MN 55435

Our Financial Policy

We would like to thank you for choosing Women & Adolescents Gynecology Center (WAGC) as your medical provider and we want you to completely understand our financial policies.

1. It is your responsibility to contact your insurance company for verification of coverage at WAGC. WAGC is contracted with most health insurers, but each insurer has many different plans, some with restrictions.
2. Please ***bring your insurance card*** and ***a form of identification*** with you at the time of your appointment. For insurance plans that we contract with, your insurance carrier requires that all co-pays be paid prior to any services being rendered. The co-pay requirement cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier. If you do not have your co-pay at the time of your visit, you will be asked to reschedule your appointment.
3. You are responsible for any co-insurance, deductibles or non-covered services as required by your insurance. You will receive a statement from our office indicating what your insurance has paid. Any remaining balance is due upon receipt of the statement.
4. As a courtesy, we will file your claim to your primary insurance company one time for you. We also submit claims to secondary insurances.
5. Payment of the visit required at the time of service. Before your visit, the receptionist will have a balance due from you. If you are unable to pay this balance in its entirety a minimum payment of \$150.00 must be paid at time of visit and 20% will be added to the remainder of the balance. Any remaining balance will be due upon receipt of the statement. Surgical procedures will need to be prepaid.
6. All health care providers bill for services using billing codes. These codes tell the insurance company what was done and why. Routine and preventive services cause confusion for many patients. It is not uncommon for patients in the course of a visit to receive both treatment for a problems and preventive service. When this occurs, we are required to charge for both services.
7. Payment is due upon receipt of your first billing. If for some reason you cannot meet this requirement, please contact our business office for payment arrangements.
8. Copays must be paid to the patient representative at the time of your appointment.
9. You will be responsible for all additional fees incurred by the clinic associated with your care or account. For example:
 - a. Non-covered or non-medically necessary lab tests that you request,
 - b. 20% fee to cover the additional costs incurred in collecting outstanding balances not resolved within 30 days
 - c. Please value the time reserved for you by being punctual so as to benefit fully from your appointment. There is a \$50 NO SHOW fee if cancellation is not made at least 24 hours prior to your appointment. Cancellation made at least 24 hours in advance allows us to accommodate other patients. Patients with three missed or canceled appointments in a row will be asked to transfer their records to another provider. The 1st missed appointment fee is usually waived.
 - d. A rebilling fee of \$5.00 will be imposed on each account that is over thirty (30) days past-due.
10. A \$35.00 charge will be added to your account for any check returned by your bank for any reason.
11. As a courtesy, Women & Adolescents Gynecology Center will provide you with a copy of your medical records with 10 pages at no charge and the rest for \$0.50 per page upon request, plus any additional postage to mail records. You will need to sign a letter of release at the time of pick-up. Please allow 7 to 10 days for us to copy these records.