



Robert Robins, M.D., William Jewell, M.D., Paul Corsi, M.D., Patricia Kondratenko, D.O., Lisa Helmick, D.O.

### **PATIENT FINANCIAL POLICY**

Welcome to Associated Obstetrics & Gynecology, P.C. We are dedicated to providing the best and latest medical care to our patients. This letter is to help you understand your financial responsibility, and explain our financial policies. If anything is unclear do not hesitate to ask for clarification.

**Insurance Contract:** There are many health insurance plans, within those plans there are several policies and they are constantly changing. We do verify eligibility and copayment prior to your appointment, but we do not know if there is additional out of pocket expense until services are billed. Your insurance policy is a contract between you and your insurance company. If you wish to know what is covered in relation to our services, we recommend contacting your insurance company prior to services being rendered. **Please note that it is your responsibility to know and understand your insurance plans policy and coverage.** We do not participate with any Medicaid products. Therefore, if you have Medicaid even as a secondary we are unable to bill them and you will be responsible for any charges your primary insurance does not cover.

**Claims:** We will file claims with your insurance carrier. If your insurance company does not pay us or respond within 90 days, we will look to you for assistance and/or payment. All co-pays are due prior to your appointment. Payment is due at the time services are rendered.

**Participating Physician:** All of our physicians participate in the same insurances. If you go outside your plan's network you may incur higher deductibles and co-pays. Please refer to your health plan directory or website, or call them directly for a list of in network providers.

**Surgery:** In the situation you schedule surgery with our office we will check your benefits and out of pocket expense. Once we verify your coverage and out of pocket cost we will call you to discuss your responsibility and let you know when your deposit is due. If you need to set up a payment plan for the remaining amount this would be the appropriate time to discuss it.

**Lab Work:** Most lab-work is sent to Quest, St. Joseph Mercy Hospital, and MDL Lab. They do their own billing. If you do not wish to incur any expense, you need to check with your insurance company to see if it is a benefit before you have services rendered. If you have recently had lab work done let us know so that it is not repeated. If you have any questions about your bill you must contact the lab directly.

**Minors:** For all services rendered to minor patients, we will communicate with the parent/legal guardian listed as the person financially responsible. However, if your child is over 18 years old the bill will be sent to them.

**Cancellations/Reschedules:** In order to provide the best possible service and availability to all our patients, please provide our office 72 hours notice if you need to cancel or reschedule any procedure or appointment. There will be a \$200 charge assessed to your account for missed procedure appointments.

**Referrals:** It is your responsibility to get all referrals if your insurance requires them. You will be financially responsible if no authorization is obtained.



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**I have read and understand the financial policy of the practice and I agree to be bound by its terms. I also understand that such terms may be amended by the practice.**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient/Responsible Party Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_