



## Financial Policy



Welcome to For Women By Women. My staff and I are here to serve your healthcare needs and are dedicated to providing you the best care possible. It is important you understand that For Women By Women puts you, and not your health insurance company, in charge of your healthcare. Please read and sign the following statement of our financial policy. If you have any questions regarding our billing policies please be sure you have a satisfactory answer before signing this document.

Thank You,  
Rosanne Mayhew, M.D.

### **INSURANCE:**

Health insurance policy provisions have for some time dedicated what services can be provided. the timing of those services, and the reimbursement rate for services. Not only have these provisions adversely impacted the quality of care, they have also reduced the doctor-patient relationship to an occasional brief encounter. We feel our patients deserve better.

Your individual insurance plan is an agreement between you and your health insurance company. It is your responsibility to know the specific details of your own plan. It is especially important for you to let us know if there are restrictions regarding referrals, labs, or services to be performed by outside facilities or specialists. You may be responsible for charges if they are not contracted with your insurance company or you have not received proper preauthorization. You will also be responsible for any "Non-Covered Services." Currently our office is not contracted with any insurance companies. Your account will be considered a self pay account with full payment expected at the time of service. You will be provided with the documentation necessary to bill your insurance company.

### **BILLING:**

Cash or check payers receive a 20% discount from our normal fee schedule. Credit card payers receive a 15% discount from our normal fee schedule. NOTE: This discount does not apply to laser/cosmetic treatments which are quoted at the cash discount rate. Cosmetic procedures (incl. products) are subject to a 5% convenience fee for payments by credit card.

### **LASER & COSMETIC:**

Please note that laser and other cosmetic treatments always require payment in full at the time of service and there is NO assurance that you will be reimbursed by your insurance plan. Sales of all cosmetic products are final and may not be returned for any reason. WE DO NOT ACCEPT ANY INSURANCE PAYMENTS FOR LASER TREATMENTS.

### **ACCOUNT FEES:**

Past due payment balances may incur the greater of a \$20 billing charge per month or interest at an annual rate of 18%. A fee of \$30 will be charged for each returned check.

### **RECORDS & FORMS:**

The completion of the physician section of disability forms or health forms will incur a \$50 administrative charge. Duplication of medical records is \$30-\$50 depending on chart size and or postage.

### **PATIENT INFORMATION:**

You will be asked to fill out a patient information form at your initial visit and each year thereafter. In order to keep your file up to date, please inform us of any changes of information such as insurance, address and telephone number.

### **MISSED APPOINTMENTS:**

Unless canceled at least 24 hours in advance, you may be charged \$50 for missed appointment. Please help us serve our patients better by keeping scheduled appointments.

I have read and understand the above stated Financial Policy and freely accept financial responsibility whether or not any service is covered by my insurance. I also understand that this Financial Policy is subject to change without written notice. Changes will be posted in the office.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Update 6/15