

Advanced Obstetrics & Gynecology, PC

Financial Policy

Effective August 1, 2014
Revised – June 27, 2018

We are committed to providing you with the best possible care. If you have medical insurance, we are happy to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our financial policy. Payments for services are due at the time services are rendered unless payment arrangements have been approved in advance by our management staff. We accept cash, checks, Visa and Mastercard.

We will be happy to file all primary insurance for you as a courtesy; however, you must realize:

1. Your insurance is a contract between you, your employer and/or the insurance company. We are not a party to that contract.
2. Not all services are covered by insurance contracts. It is your responsible to know what is and what is not a covered benefit.
3. If you believe that the “patient portion” of the explanation of benefits (EOB) is inaccurate, you must resolve this issue directly with your insurance company.
4. We may need to release medical information concerning you to your insurance carrier as part of processing your claim. By signing this form, you consent to the release of such information, including medical records, to be released to insurance companies, referring physicians and other doctors involved in your care.
5. All charges are your responsibility from the date the services are rendered.
6. All co-pays are due at the time of service.
7. Past due balances may be assessed a late fee and/or will be turned over to a collection agency. Your future status at this office will be considered at that time.

Returned Check Fee: Any checks returned for insufficient funds will be assessed a \$35 returned check fee in addition to the amount owed. This fee cannot be waived as it is charged by our bank.

No-Show Fee: As a courtesy, we **attempt** to make a call to remind all patients of their office appointments 2 days in advance. If a patient cannot make their scheduled appointment, they must notify our office immediately. In the event that a patient does not show up for an appointment and has not notified us, they will be charged a ‘No-Show Fee’ of \$25. If a patient does not show up for a surgical procedure and has not called to notify our office, they will be charge a “No-Show Fee” of \$150.

Record Transfers: Our office will be happy to assist you in transferring any records from our office. If we are sending the records directly to another physician, there will be no charge for the first transfer. However, if the records are going to anyone (including yourself) other than a physician and/or if we have already transferred your records to a physician and we are transferring again a flat rate of \$6.50 will be assessed. You may request your records via:

- a. Electronic Copy – non-encrypted – Patient Portal or CD
- b. Paper

Prior Authorization: If prescription drugs are necessary for the treatment of your condition, your physician will prescribe you the medicine that he/she believes will treat your condition. Since there are hundreds of different insurance policies in the market, our physicians will not always know whether the drug that has been prescribed will be covered under your specific prescription drug plan. In some cases, your insurance company may not pay for the drug unless they first obtain a “prior authorization” from our office. As a courtesy, our nursing staff will speak with your insurance company to obtain the necessary “prior authorization”. This process involves our nursing staff to make one or more lengthy calls to your insurance company in order to obtain this authorization. As a result of the time that our nursing staff will be required to spend talking with your insurance

company, any prior authorization handled by our office will result in a \$15 fee. This fee is non-refundable if your insurance denies our request due to the time our nursing staff must spend on the phone negotiating with your insurance provider.

Card on File Program: We require all OB (maternity) and surgery patients to keep a credit card or debit card on file with our office. Our office has contracted with 2 companies (Heartland Payment Systems & Phreesia) to securely store and process this information. Heartland & Phreesia are HIPAA compliant and PCI compliant. Fee for the services rendered will **only** be charged to the payment method on file in the following situations:

1. You instruct us to bill your payment method on file for any outstanding balances, or
2. Your balance s 30 days past due and we have sent you at least one statement, or
3. As a courtesy during pregnancies, we will check with your insurance company to verify your benefits and provide an **estimated** amount for what you will owe out of pocket. You will be given this information by the 16th week of pregnancy. We will then charge your payment method on file in 3 equal monthly payments beginning with the 20th week of pregnancy. You will also be given the opportunity to pay the estimated amount in one lump sum if you choose to do so, or
4. As a courtesy for our surgery patients, we will check with your insurance company to verify your benefits and provide an **estimated** amount for what you will owe out of pocket. You will be contacted by a member of our staff that will inform you of your estimated out of pocket expense. After we have informed you of the estimated out of pocket expense, we will charge that amount to the payment method on file unless other arrangements have been made, or
5. You have been charged a “No-Show Fee” for not calling to cancel an office visit or surgical procedure as outlined in the “No-Show Fee” policy above.

By placing your credit/debit card on file, you give us permission to charge the payment information if any one of the above criteria is met.

Our office will process all card on file charges on a regular basis. As a courtesy, if the amount to be charged to your payment method on file is greater than \$250, a member of our office will contact you 24 hours in advance to notify you of the amount to be processed. Since pregnancy patients will be informed of the estimated payment amounts and dates as listed above, our office will not notify you ahead of time of these charges if that are above \$250. Additionally, since surgery patients will be notified of their estimated out-of-pocket expenses, we will not notify them a 2nd time before processing their payment on file method for payment.

Overpayment/Underpayment: As a courtesy to our patients, our staff checks with your insurance company to verify your benefits and to calculate your **estimated** out of pocket expense for the services we provide. In the event that we collect more from you than what you owed, we will process a refund to you. If your payment was by cash or check, we will refund you with a check from our office. If your payment was by credit or debit card, we will issue a refund back to that card. If your actual out of pocket expenses are more than what we estimated, we will send you a statement in the mail with the balance.

Failure to meet Financial Responsibilities: If a patient fails to meet their financial responsibilities, it may result in one of the following:

- Discharge from our practice
- Patient may be required to make full payment on account before continued treatment
- Patient may be required to sign a payment arrangement to resolve any outstanding balance

I, _____ (print your name), understand and agree to the Financial Policy for Advanced Obstetrics & Gynecology, PC.

Patient (or parent/guardian) signature: _____ Date: _____

If you have a question about the above policy, please ask to speak to a member of our business staff and they will be glad to assist you.