Women's Healthcare Associates

FINANCIAL POLICY AND AGREEMENT

Welcome to Women's Healthcare Associates (WHA) and thank you for choosing our office for your healthcare needs. Your wellness is important to us and we are committed to providing you with quality care and service. To help you understand our financial terms, we ask that you carefully read and sign this policy and agreement. A copy will be provided for your records. Patient Account Representatives are available Monday – Friday 8:00 am to 5:00 pm to answer any questions you may have.

PATIENT INFORMATION: At each visit, please provide us with name, address, phone, insurance and employment updates.

PAYMENTS AND INTEREST: The patient responsibility portion of charges or co-pay is due at the time of service. Financing options are available through a Patient Account Representative and arrangements may be made prior to services being rendered. An interest rate of 1.5% per month will be charged on balances over 30 days.

INSURANCE: As a service to our patients, WHA will file primary and secondary insurance claims as long as accurate and current insurance information is provided to us. While every effort is made to collect payments from the insurance company, patients are responsible for denied charges, non-covered services and for charges denied due to inaccurate or lack of current information provided by the patient. Please contact your insurance company for verification of coverage and preferred provider information. WHA is a provider for many, but not all insurance companies.

LAB FEES: The standard of care for abnormal results of blood tests, cultures and pathology may require further testing which will result in additional charges to the patient. The reference lab used to process specimens may bill the patient separately.

OBSTETRIC SERVICES: A Patient Account Representative will review the estimated charges, insurance coverage, financing options and the Obstetric Financial Agreement at the 2nd OB visit.

Medicaid applicants: Please be prepared to pay a $300 deposit at your second OB visit unless a Medicaid card or verification of application has been provided.

SURGICAL SERVICES: A Patient Account Representative will review estimated charges, insurance coverage and available financing options prior to the surgery date. The patient responsibility portion for surgical services is due prior to surgery. Please contact your insurance company for verification of coverage, deductible information and patient responsibility portion or co-pay.

ELECTIVE SERVICES: All elective services including infertility, aesthetics and other services not covered by insurance are due at the time of service. Financing options are available through Care Credit. Please ask a receptionist or Patient Account Representative for details.

DISHONORED CHECKS: A fee of $25.00 will be charged for dishonored checks.

INSURANCE ASSIGNMENT AUTHORIZATION: I request payment of authorized insurance benefits be made on my behalf to WHA for medical services I received. I authorize WHA and its agents to release my personal medical information to my insurance company and its agents for determination of benefits payable for related services.

COLLECTION/BANKRUPTCY: If my account is assigned to a collection agency and suit is filed to recover payment, I agree to pay attorney fees of 35% of the principal and interest on my account balance, $375.00, or any amounts awarded by the court, whichever is greater. I further agree to pay reasonable court costs and costs of the suit.

If my account is assigned to a collection agency or bankruptcy status, I understand that all future medical care at WHA will require payment in full at the time of service.

I have received a copy (please keep the attached yellow copy for your records) of this financial policy and have read, understand and agree to the terms herein. I agree that I am fully responsible for all lawful debts for services rendered by WHA and incurred by myself or for the patient herein.

Signature of Patient Printed Name Date

Signature of Responsible Party Printed Name Relationship to patient Date