



## **Financial Policies and Information**

**Our commitment** is to provide the very best care to our patients while recognizing the need to limit services to only those that are necessary for each patient. To meet this commitment, we recognize the need for a definite understanding and agreement concerning our patient's health care and financial arrangements for that medical care. Your clear understanding of our financial policies is important to our professional relationship.

**Insurance:** It is your responsibility to provide us with accurate insurance information and to inform us of any changes in your coverage as they occur. Charges incurred for services rendered are the patient's responsibility regardless of insurance coverage. Your insurance coverage is a contract between you and your insurance plan. We will file your primary and secondary insurance as a courtesy to you. You are responsible for all copays, coinsurance, deductibles, and non-covered services. We ask that balances due be paid when you receive your statement or at your next appointment, whichever is sooner.

**Lab Bills:** Pap smears, blood tests, and other samples are sent to an outside laboratory for analysis. LabCorp is our primary test lab, if your insurance requires a different lab, please notify us at the time of service. There will often be co-insurance/deductible amounts for which you will receive a separate bill from LabCorp. Any question about lab bills must be directed to the lab facility and/or your insurance company.

**Patient Payments/Balances:** Co-payment, deductibles, services not covered by your insurance plan or outstanding balances are due at the time of your appointment. **All other account balances must be paid within 30 days of receiving your first statement.** Payment may be made by: cash, check, Visa or MasterCard. Nonpayment may result in your account being turned over to a collection agency.

**OB Patients:** We will contact your insurance to verify your benefits prior to your Comprehensive OB appointment. If you have more than a \$2,000 deductible and/or co-insurance that have not been met at the time of our initial verification, we pre-collect these amounts prior to your delivery. We will set up a payment plan with you at your Comprehensive OB appointment.

**Surgical Patients:** At the time of scheduling we will call your insurance to verify benefits. If your deductible and co-insurance amounts have not been met, we will pre-collect these amounts at your Pre-Op appointment based on information provided by your insurance. Failure to have this amount paid by your Pre-Op appointment will result in postponement of your surgery.

**Self-Pay:** Patients who are not billing a third party or health insurance are required to pay at the time of service for all services at the time of service and will receive a 25% discount off our fee schedule. All procedures requiring services at a facility (hospital or surgery center) are pre-paid to the office at your Pre-Op appointment and will receive a 25% discount. If payment is not received by your Pre-Op appointment, the surgery/procedure will be postponed.

**Missed appointments:** Please understand your appointment is time that has been reserved for your needs and that your lack of attendance at that visit prevents others from receiving care at that particular time. To assist patients with access to our physicians, we will charge a fee of \$50.00 for any office appointment not canceled 24 hours in advance.

**Medical Forms:** The completion of disability forms, FMLA, attending physician statements and other supplemental insurance/employer forms require additional physician and staff time. The first form will be no charge to you. A recurring fee of \$25.00 will be charged for additional forms.

**Collection Agencies:** If it becomes necessary to place your account with a third party collection agency due to your non-payment, the account of the person responsible will be turned over to collections, and the patient will be dismissed from our practice.

**Bounced Checks:** A \$35.00 charge will be applied for each check returned by the bank.

**YOUR SIGNATURE ON THIS PAGE CONSTITUTES AN AGREEMENT TO THIS POLICY.**

DATE \_\_\_\_\_

PATIENT/RESPONSIBLE PARTY SIGNATURE \_\_\_\_\_

PATIENT NAME (PRINT) \_\_\_\_\_



## **For Our Patient's Information: An Explanation of Medical Insurance**

Misunderstandings about medical insurance have become increasingly common since “managed care” revolutionized the medical insurance industry. At one time it was not unusual for insurance to cover 100% of the cost of services provided during a medical visit. However, this is rarely the case at the current time. The discussion that follows will help you evaluate your insurance coverage for treatment obtained through this office.

### **Your Insurance Contract**

A claim from our office for all services provided to you (office visits, procedures, surgery, etc.) will be sent to your insurance company. The amount that your insurance pays to the physician (provider) as reimbursement for these services – **and the amount that must be paid by you** – is determined by the contractual agreement between you and your insurance company. That agreement most likely states that you, the insured, are responsible for several types of payments. These include:

- **Copayment**

Copayment is the amount that your insurance company requires you to pay to the physician at the time of the service (office visit). Depending on the type of service being rendered, you may be required to pay a copay with each visit. ***Based on the services provided at Bella Natural Women's Care, our office policy is to collect your copayment at each office visit.***

- **Deductible (per calendar year)**

The deductible is the amount that your insurance requires **you to pay** for services rendered before the insurance company will begin paying for benefits.

- **Co-Insurance (per calendar year)**

After your deductible has been met, your insurance company will pay for all or part of the expenses according to your agreement with the insurance company. The amount that your insurance company pays will vary from 0% to 100%, with common options being 90% / 10% and 80% / 20%. This means that you (the patient) will be responsible for a percentage of the expenses (up to a maximum) beyond the deductible and your insurance company will be responsible for a percentage. The percentage amount is determined by your contract with your insurance company.

The terms under which insurance policies establish these limitations on reimbursement vary widely among policies and depend on your individual contract and plan benefits. We encourage you to contact your insurance company to verify your plan benefits. Patients are financially responsible for any service received that is not a covered benefit of their insurance plan.

### **EFFECTIVE IMMEDIATELY:**

**IT IS OUR OFFICE POLICY TO COLLECT YOUR COPAY AND OUTSTANDING ACCOUNT BALANCES WHEN YOU CHECK-IN FOR YOUR APPOINTMENT**

**FOR OB AND SURGICAL PATIENTS: DEDUCTIBLES & CO-INSURANCE WILL BE PRE-COLLECTED.**