

## Office Financial Policy

### Your complete understanding of your financial responsibilities is essential.

Our practice policy requires that prior to each service being rendered all patients must sign the practice financial policy.

*This asserts your conviction that the described services rendered are appropriate and "necessary" as far as you are concerned, irrespective of the determination of your insurance company.*

Your insurance is a contract *between you, your employer and the insurance company.* We are not part of that contract.

**It is your responsibility to know if a referral is necessary for your visit. It is your responsibility to check with your insurance if any tests we request are covered under your policy.**

### New Patients:

- New patients must present their insurance card and proof of identification (e.g. Driver's license) in order for our office to verify insurance eligibility. New patients who have only one or neither of the above documents may either choose to reschedule their appointment or keep their original appointment and be billed as a "self-pay" patient.
- Patients who opt to be billed as self-pay patients and later present their insurance cards and/or proof of identification will not have services already rendered retroactively billed to their insurance carrier. This is a policy that we must enforce in order to comply with our insurance contract agreements and reduce costs.
- It is every patient's responsibility to come to their appointment prepared with the proper documents.

### Appointment cancellations, rescheduling, late arrivals and missed appointments.

- In order for Dr. Maryann Prewitt to see her patients in a timely manner, your help in arriving promptly for your appointment is required. If you are more than 20 minutes late, our office may have to reschedule your appointment to a new date and time.
- Please remember that, although we will attempt to make reminder calls, it is the patient's responsibility to keep an appointment and know when their appointment is.
- You are required to notify us 24 hours in advance of your appointment to cancel or reschedule. If notification is not received the late cancellation may be subject to a late fee being billed.
- If you no-show for your appointment, the office has the right to discharge you as a patient. We can also charge a \$25.00 no show fee.
- No children are allowed at visits; we will require you to reschedule if you show up with a child.

### Laboratory, Radiology and other diagnostic services bills:

- Test results are considered confidential. We may require an appointment to discuss these results with you.
- Please check with your insurance company to verify what your schedule of benefits allows for (laboratory, x-ray or other diagnostic studies, preventative well woman blood work, bone densitometry, mammogram etc.). The doctor may order these during your visit. *These services will be billed separately by the laboratory that does these tests and are not covered by the payments that you make at this office.* Any insurance claims or problems associated with an off-site laboratory must be dealt with through that facility or their billing agent.

### Payment Responsibility:

- The patient or her legal representative is ultimately responsible for all charges for services rendered.
- "Non-covered" means that a service will not be paid under your insurance contract. If non-covered services are provided, you will be expected to pay for these services at the time they are provided, or at the time of receiving a statement or EOB from your insurance provider denying payment.
- Appeal procedures are generally available, and we will be happy to assist you in trying to resolve an adverse determination. **We will not under any circumstances falsify or change a diagnosis or symptom in order to convince an insurer to "pay" for care that is not covered.**
- If you are unsure whether a service is covered by your plan, ultimately it is your responsibility to call your insurance company to determine what your schedule of benefits allows, if a deductible applies and your potential financial responsibility.
- You must inform office of any changes in your insurance, address or phone number.
- Minor Patients: For all services rendered to minor patients, we will look to the accompanying adult or custodial parent or guardian, for payment. We will not disclose any confidential information to the parent or guardian without written authorization from the minor.

### Uninsured patients:

- Patients without insurance are expected to pay the full amount for services rendered at the time of service unless prior arrangements are made with our Billing Manager.

### Insurance:

- We are contracted with multiple insurers to accept assignment of benefits. We will bill those plans with which we have an agreement and will only require you to pay the authorized co-payment, deductible, or co-insurance prior to the time of service on check in.

- We suggest you become familiar with your insurance benefits and confirm our participation with your plan. Most misunderstandings about insurance can be avoided if you understand what your policy covers.
- 24 hours notice is required to verify insurance benefits. **Failure to notify the office with insurance changes or presenting at your appointment without an insurance card will require us to reschedule your appointment.**
- We are required to file with your primary insurance carrier only. It will be your responsibility to pay any balance not covered by the primary and file with your secondary insurance carrier.
- **According to new laws, insurances are required to pay claims in full 30-45 days after date of service. Therefore at 60 days you will be charged all outstanding insurance claims. You will be required to pay the outstanding balance in full upon receipt of statement.**
- You must pay the difference between actual charges and the anticipated insurance payment if your insurance policy only covers a portion of treatment cost. All payments are due at time of service.
- We are obligated to collect the co-pay, deductible or co-insurance amount at your visit, at check-in. Your appointment will be rescheduled if you are not prepared to pay. We are required to do so by your insurance plan. We accept cash, checks, MasterCard, Visa, Discover and American Express.
- Some insurance plans require that patients pay a predetermined dollar amount prior to services being covered. If verification of your deductible is unable to be made, payment of the full deductible amount is due at time of service.

**Outstanding balances:**

- Prior to providing additional services to you and prior to any further appointments being made, payment in full of all outstanding balances is required. Payment is due upon receipt of statement, no later than 30 days from date on statement.
- If insurance has not paid in 60 days the remaining balance will be the patient's responsibility.
- If insurance has denied payment, full payment is patient's responsibility; payment is due upon receipt of statement. It is the patient's responsibility to contact insurance and have your insurance pay you. When you receive your EOB (Explanation of Benefits) it will show you patient's responsibility, your EOB will also tell you the amount owed by you has been applied toward your deductible, co-pay, if your premium is not paid, if they are looking for previous conditions, if insurance has been cancelled, etc. You will need to take this up with your insurance company.
- After insurance has paid your claim, all outstanding balances due by you are payable in full upon receipt of statement.
- Outstanding balances that are greater than 90 days will be referred to an outside collection agency.
- Patients with unpaid delinquent accounts or accounts which have been written off to bad debt will not receive additional services. You will be dismissed from Health Care for Women, PA.

**Refunds:**

- Refunds are issued to the appropriate party. Patient refunds will not be processed until all active or past due charges are paid in full. Amounts less than \$20.01 will remain a credit in your account or will be refunded upon request.

**Returned Checks:**

- There will be a \$35 fee for all returned checks.

**After hour's calls to Physician:** (through answering service).

- All non-gynecologic emergent calls made to the Physician on-call after hours may be billed.
- These may be considered a 'non-covered service' by your health insurance, in which case you will be responsible for payment in full.

**Refill Policy:**

- When you need a medication refill, please call your pharmacy and they will contact us. This reduces the possibility of errors being made when filling your prescription. Please allow 3 – 5 working days for refills of routine medications. Urgently needed medication refills should be called to the office and a message left for the nurse. NO refills will be approved after hours or on weekends.

**Medical Records charges:**

- We reserve the right to timely "process" of your records. It is NOT possible for your records to be released the same day of the release request.
- There is no charge to release your records to another physician directly if you are in good standing with this office.
- You will be charged for copies of medical records that are released to you. The fee shall be \$25 for the first 20 pages and \$0.50 per page thereafter; in addition, a reasonable fee will be added for actual costs of mailing, shipping or delivery.
- Please be advised that by requesting your records be sent to another gynecologist you are inactivating yourself as a patient.

**IF YOU DO NOT AGREE WITH OUR FINANCIAL POLICY, WE ASK THAT YOU PLEASE POLITELY LET US KNOW SO YOU CAN SEEK CARE WITH ANOTHER PHYSICIAN.**