

OB/GYN SPECIALISTS LLP
FINANCIAL POLICY

Thank you for choosing an OB/GYN Specialists Physician as your healthcare provider. We are committed to your treatment being successful. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment.

All co-payments and deductibles are due at time of service. Full payment is due at time of service for all non-covered services. Our contract with your insurance company requires us to collect these from you. With the rising cost of medical care, paying at the time of service is essential in keeping these costs at a minimum. **Payment in full is required without proof of insurance coverage.**

It is your responsibility to check with your insurance company prior to your appointment for verification of benefits such as preventive services, lab and x-ray procedures, etc. Many insurance plans now require you to go to specific labs, x-ray facilities, pharmacies, etc.

It is your responsibility to give us accurate and updated insurance information at each visit. Failure to do so may result in you being responsible for a balance that your insurance company may have otherwise paid. Many managed care insurance plans have strict guidelines regarding timely filing which makes accurate information a necessity. If you are covered under more than one insurance plan, please remember to give us information on all plans at the time of service.

It is important for you to respond to your insurance company when any information is requested from you. Often they will send questionnaires regarding other coverage and will not process your claim until you respond. Some insurance companies require this with your first claim each calendar year. Do not make the mistake of thinking you have already given them this information and it is not necessary to respond. **When your insurance company notifies us they have requested information from you, the balance then becomes your responsibility and remains your responsibility until the claim is paid.**

We understand unforeseen circumstances such as hospitalizations, uncovered services, and unplanned emergencies occur. In these situations when you incur a balance, we require monthly payments with the expectation of paying the balance in full in 3 to 4 months. If this is not possible please set up payment arrangements with our office.

If monthly payments are not received regularly, your account will automatically move into our collection process. We are willing to work with you on your balance, but communication with our billing office is essential. If you have questions regarding your bill or wish to set up payment arrangements, contact our billing office at (478) 743-4646. **If you receive a bill that you feel is not your responsibility, it is important for you to call the billing office.**

Never ignore a bill simply because you feel it is not your obligation or you think your insurance company should pay it. You cannot assume your insurance company will cover any balance once we have transferred the responsibility of that balance to you. We only transfer responsibility to you after we have had response from your insurance company.

It is important for you to read the explanation of benefits (EOB'S) sent to you from your insurance company. This will explain why certain charges are not covered. If you have any question regarding the coverage of your claim, you should contact your insurance company. If you have questions regarding your bill or wish to set up payment arrangements, please contact our billing office at (478)743-4646.

AUTHORIZATION FOR RELEASE OF INFORMATION AND PAYMENT OF BENEFITS

I hereby authorize the release of any medical information, including information related to psychiatric are, drug and alcohol abuse and HIV/AIDS confidential information, necessary to process insurance claims or any medical information that is required for any health care related utilization review or quality assurance activities.

I hereby assign and authorize payment to OB/GYN Specialists of all medical/surgical and major medical benefits to which I am entitled to under any insurance policy or policies, under any self-insurance program, or under any other benefit plan.

I understand and acknowledge that this assignment of benefits does not relieve me of my financial responsibility for all medical fees and charges incurred by me or anyone on my behalf and I hereby accept responsibility, including, but not limited to payment of those fees and charges not directly reimbursed to OB/GYN SPECIALISTS by any insurance policy, self-insurance plan or other benefit plan.

This authorization shall remain in effect until revoked by me in writing. A photocopy of this authorization shall be considered as effective and valid as the original. I understand that I have the right to receive a coy of this authorization.

Person Providing Authorization

Date

Relationship to Patient

Patients Name