

Your complete understanding of your financial responsibilities is essential.

Your insurance is a contract *between you, your employer and the insurance company.*

We are not part of that contract.

Appointments:

We try our best to see patients on schedule. Please remember that a medical practice is not like a business. Some of our patients require more time and attention than other patients with less complex problems. We also have to take care of patient emergencies when they arise, and these problems must have priority over routine appointments. Emergencies also include some phone calls from hospitals, other doctors, and/or patients. We do not practice "Doc-in-a-box" type medicine and cannot always be exactly on schedule although we try our best. Whenever we are off schedule, it is because of something that involves the care of another patient. We assume that you and your family would expect extra time and care also should that urgent need arise, even though it might make other patients have to wait longer than desired for their appointment. Please try to bear with us if we cannot always be on time. Please be assured we are giving each patient quality time with us.

Appointment Cancellations:

Please notify our office of any appointment cancellations at least 24 hours in advance by calling the office or the answering service. We reserve the right to charge you (not your insurance company) for a missed appointment. This is a \$35 fee (subject to change without prior notice). We place great effort in seeing our patients on time. However, maintaining a timely schedule also requires the cooperation and prompt arrival of our patients for their appointments.

Late Arrivals:

We make every effort to maintain appointment time commitments and we request that you extend the same courtesy to us. If you are running late, please call our office to inform the staff. We understand that special circumstances can arise, which may cause you to run a few minutes behind. We will try to do everything we can to see you that day, but it may be impossible. If you are more than 15 minutes late for an appointment, to help avoid delays in treatment and extensive wait times, we may ask you to reschedule.

Laboratory, Radiology and other diagnostic service bills:

Please check with your insurance company to verify what your insurance benefits allow for (laboratory, well woman blood work, mammogram etc.). The doctor may order these during your visit. *These services are billed separately by the laboratory that does these tests and are not covered by payments that you make to us.* Any insurance claim disputes associated with a laboratory must be dealt with through that billing agent.

All Patients:

Insurance card(s) and proof of identification must be presented when you arrive to the office for your appointment in order for us to verify your insurance eligibility. Patients who have only one or neither of these documents can choose to reschedule or keep their appointment. If the appointment is kept, you will be a "self pay" patient and payment will need to be made in full for services rendered. Patients who opt to be billed as "self pay" and later present their insurance card will not have services already rendered retroactively billed to the insurance carrier. For patients that do arrive with their insurance card(s) and proof of identification, payment for all applicable co-payment, deductible, or co-insurance amounts is expected at the time of service. It is your responsibility to notify Advanced Ob-Gyn Associates of any changes to your insurance policy, mailing address or telephone numbers.

Forms Fees and Medical Record Fees:

There is a \$35 fee for the review and completion of any insurance/disability forms. If you require completion of additional forms they will be discounted to \$20. This fee is billed directly to you (not your insurance company) and should be paid prior to the completion of the forms. **Please allow 7-10 business days for the paperwork to be completed.** There is a charge to release your medical records. Please be aware the American Medical Association has recommended the following schedule for copies of medical records: \$25 for the first 20 sheets copied, then \$.15 per sheet over 20.

Insurance:

We are contracted with multiple insurers to accept assignment of benefits. We will bill those insurances with which we have an agreement and will only require you to pay the authorized co-payment, deductible, or co-insurance at the time of or prior to the time the services are rendered. "Non covered" means that a service will not be paid under your insurance contract. If non-covered services are provided, payment for these services will be expected at the time of or prior to the service being rendered. We would be happy to assist you with the appeal process with your insurance. **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.**

Surgical Procedures (office, hospital and anesthesia):

You will be given an *estimate* of the fees for these services, based on the physician's fee schedule, what your deductible, co-insurance is and at what percentage your insurance company covers for such services. **This is only an estimate. This estimate is for the Physician's fees only.** You will be expected to pay, in full, the amount that is not going to be covered by your insurance. If you cancel or miss your pre-op appointment and do not reschedule, your surgery will be cancelled and we will have the right to discontinue your care with Advanced Ob-Gyn Associates due to medical liability reasons. There will be a \$250 non refundable fee for ALL canceled surgeries. Some surgeries may require an assistant. The RNFA's that assist are unable to contract with any insurance plans. Therefore, it is possible that you will receive a bill from the assist if your insurance company denies the claim for a maximum cost of \$300.

Payment Responsibility:

The patient or her legal representative is ultimately responsible for all charges or services rendered. We accept cash, Mastercard, Visa, American Express and Discover.

After insurance has paid your claim, all outstanding balances are payable in full upon receipt of statement. If insurance has denied payment; payment is due in full upon receipt of statement.

If you are expecting financial difficulty, please let us know this **prior** to services being rendered.

Under special circumstances, payment arrangements can be made. Our office can set this up for you as a courtesy and you will be sent a monthly statement. However, it is your responsibility to know your monthly due date and the amount due. If you fail to make your monthly payment, Advanced Ob-Gyn Associates has the right to send the account to an outside agency for collections.

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. Refunds will be processed on original form of payment.

Signature of Patient or Responsible Party

Date

Printed Name of Patient

Patient DOB