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FINANCIAL POLICY

We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Our fees are reasonable and customary in accordance with other specialists' offices in this area. In case of financial hardship, please make financial arrangements with the Business Office prior to being seen.

YOUR RESPONSIBILITIES

- **KNOW** whether your provider contracts with your plan. A list of insurance companies with whom we participate is on the Patient Forms page of www.uticaobgyn.com. IT IS YOUR RESPONSIBILITY to call your insurance company to ensure our provider is contracted with your particular insurance plan. *If the provider is not contracted with your insurance company and you want to be seen anyway, please be prepared to pay for services at the time of your visit.* We will provide you a copy of your bill to file with your insurance company for reimbursement or we can directly file your claim as a courtesy. We try to verify insurance benefits before your appointment, however OUR OFFICE IS NOT RESPONSIBLE FOR YOUR INSURANCE COVERAGE. You may get better benefits with a referral or a prior authorization. *Please check your insurance benefits.* If our provider refers you to another provider, IT IS YOUR RESPONSIBILITY to make sure that provider is also on your insurance plan. If our provider orders lab tests deemed to be in your best medical interest, IT IS YOUR RESPONSIBILITY to check with your insurance company about insurance coverage and/or out-of-pocket costs you may be required to pay.
- **INFORM** us PRIOR TO YOUR APPOINTMENT if you have a change in insurance company(ies) or insurance plan(s). Many insurance companies have deadlines for timely filing of claims. If we have inaccurate information at the time of service, you may be responsible for payment in full for all services rendered.
- **BRING** your insurance card and photo ID to all your appointments
- **PAY** co-pay, deductible, co-insurance, or self-pay amounts when checking in for appointments. Parents or legal guardians of underage patients are responsible for paying fees incurred. Outstanding balances are due within thirty (30) days of the statement date, or within thirty (30) days of the last insurance payment noted on the statement, whichever is later. We accept Visa, MasterCard, Discover, American Express, debit cards, cash, personal checks (with photo ID) and for your convenience you may pay your provider using Xpress-pay from our website at www.uticaobgyn.com
- **ADVISE** us two (2) business days in advance if you cannot keep your appointment. As a courtesy, we try to provide reminder calls, emails, and texts; however, knowing your appointment date and time is your responsibility. If you cannot attend your appointment, you may leave a voicemail in our general mailbox if you cannot reach us during business hours. Missing appointments may lead to your dismissal from our practice.
- **ARRIVE** promptly for your appointment, meaning *at least 10 minutes in advance to allow for check-in or 30 minutes in advance to complete required paperwork.* See the Patient Forms page of www.uticaobgyn.com and save appointment processing time by bringing completed paperwork to your appointment. You may be asked to reschedule if you are late to an appointment.

OUR OFFICE'S POLICIES AND RESPONSIBILITIES

FEES / PAYMENTS / INSURANCE

1. As a courtesy, we will directly bill your insurance company for services rendered, but you are ultimately responsible for payment for deductibles, co-payments, co-insurance, percentages, non-covered services, services rendered without proper referral authorization, or denied services.
2. We bill services rendered to you accurately and will not change diagnosis codes to get your claim paid. This action is illegal. If your insurance does not cover certain procedures or office visits, this dispute remains between you and your insurance company.

3. If you (or, in the case of minor patients, your parent or legal guardian) do not pay required amounts at the time of your appointment, we may ask you to reschedule. Continued refusal to respect the physician/patient relationship by paying for services in accordance with the practice's financial policies may result in our practice discharging you as a patient. You will receive a written letter of discharge and have sufficient time to secure services of another provider.

4. RETURNED CHECK POLICY: If your check is returned for insufficient or held funds, you will be charged a \$40.00 fee in addition to the balance due. Additional appointments will not be scheduled until your account balance is paid in full. Your account may be submitted immediately for collection if you do not make payment arrangements with our Business Office upon being notified of insufficient funds.

5. COLLECTION: Balances that reach 90 days past due may be sent to our attorney for collection. If sent to our attorney, you would be financially responsible for all collection and legal fees our office incurs through the process used to collect the delinquent balance. **Please remember, your account can legally be turned to our attorney the day it is due. We want to avoid this and are willing to make payment arrangements with you.**

APPOINTMENTS POLICY – Cancellations and Missed Appointments

1. Your time and ours is valuable. Scheduled appointment time is reserved just for you. We make every effort to work efficiently while providing you sufficient time with our providers so that you receive outstanding medical care.

2. We understand that occasionally circumstances may prevent you from contacting us to cancel or reschedule your appointment, and we do not charge you for rare occurrences. However, missed appointments prevent other patients from having your appointment slot and reduce efficiency of our providers.

3. MISSED appointments (when you do not contact us 48 hours in advance to cancel or reschedule your appointment) may result in a \$45.00 administrative missed appointment fee *that must be paid before we will schedule additional appointments for you.*

4. Excessive missed appointments (two (2) or more during a three (3) month period) may result in our practice dismissing you as a patient. Your health is important to us and we cannot provide proper medical care to patients not attending appointments. You will receive a written letter of dismissal and will have sufficient time to secure services of another provider.

MEDICAL RECORDS, FMLA, WIC OR OTHER FORMS

We are happy to assist you by completing healthcare-related forms and ask that you understand that doing so does take time from our providers and staff.

1. There is an administrative fee of \$30.00 (payable in advance) for completion of each set of forms.

2. You will need to complete your portion of the forms and allow at least ten (10) business days after payment of the administrative fee and our receipt of the forms for completion of FMLA, WIC, Disability, or Return to Work forms. We will complete forms as quickly as possible. A form required for the completion of your forms is available on the Patient Forms page of www.uticaobgyn.com or from Front Office staff.

3. Medical records authorization forms permitting us to send and/or receive your protected health information are on the Patient Forms page of www.uticaobgyn.com or available from Front Office staff.

I have read, understand and agree to the above policies. I authorize treatment of the patient named below and agree to pay all fees and charges for such treatment. Charges shown on statements are considered to be correct unless written notification is received via certified mail within 30 days of the statement date. I agree to pay all charges in accordance with the practice's policies and procedures. I agree to assign my insurance benefits to Utica Women's Specialists and the providers therein, if applicable.

Signature of Patient or Legal Representative

Date

Printed Name of Patient or Legal Representative

Responsible Party Name (if different than patient)