



OB-GYN, P.C. Financial Policy/Consent to Treat

We pledge to earn your trust in taking the best possible care of you, if you have special needs, we are here to work with you. The following information is provided to avoid hard feelings or misunderstandings, concerning payment for professional services. Please let us know if you have any questions.

Our office participates with many insurance plans including Medicare. If you are insured under one of these plans, we will submit your bill directly to your insurance carrier.

If you have insurance that we do not participate with, payment in full is expected at the time of service, unless prior financial arrangements have been made. Payment for services can be made with cash, check or credit card.

Pre-Authorizations: It is your responsibility to obtain any required pre-authorizations for treatment prior to your visit at OB-GYN, P.C. If you do not provide the authorization at the time of your appointment, your visit may be rescheduled, or you will be held financially responsible.

IT IS YOUR RESPONSIBILITY TO: (PLEASE INITIAL WHERE INDICATED BELOW)

- Provide us with any copy of your insurance coverage, address and phone number.
- Know what your insurance policy coverage is for your visit.
- Pay your co-pay, deductible and any non-covered services at each visit. Pay any balance not covered by your insurance plan. Unpaid balances will go to collections after 60 days.
- If you have more than one insurance carrier it is your responsibility to know which one is the Primary and Secondary coverage and communicate that to us. If incorrect information is given and claims are denied you will be held responsible for the entire balance. We will not refile to your insurance.
- **_____ Provide us with current insurance information-failure to provide this information will result in you being held responsible for the entire balance.**
- **_____ Provide us with a copy of your insurance card, we may scan your card at each visit. If a current card is not given, a \$25 charge will be applied to your account to reprocess your visit/services. Your insurance company will not pay for this fee.**

If the patient is a minor (17 years or younger), the parent or guardian must sign below. The parent, guardian or unaccompanied minor is responsible for any payment due at the time of service, as well as bringing the necessary insurance cards.

Some services may not be a covered benefit under your insurance plan or under Medicare guidelines. It is your responsibility to pay any balance not covered by your insurance plan.

If you have any questions about your insurance, we are happy to help you. Specific coverage information, however, should be directed to your insurance company's Members/Customer Service Department. (Phone number should be on the insurance card)

We want your visit with our office to be a positive one. Our practice believes a good provider/patient relationship is based on understanding and good communication. Questions regarding our financial policies can be directed to our Patient Account Representatives.

PLEASE SIGN THAT YOU HAVE READ AND AGREE TO THIS FINANCIAL POLICY.

Consent to Treat: I hereby authorize treatment and authorize my insurance benefits to be paid directly to OB-GYN, P.C. for service rendered by OB-GYN, P.C. provider and to release pertinent medical information to the insurance carrier.

Signature of Responsible Party

Date

This agreement expires one year from the date of your signature.