

## **FINANCIAL POLICY**

### **Insurance Plans**

Please feel free to discuss any concerns you have about this policy or your insurance benefits with our front office staff prior to your appointment or seeing the physician. If a referral is required from your Primary Care Physician, it must be received in our office prior to, or at the time of, your appointment.

If your insurance provider has not paid for services in full within **60** days, you may be billed for the balance. Women's Health Wise will not be responsible for billing or collecting from another party, i.e. divorced or separated spouse. It is understood that any monies received by Women's Health Wise from you or your insurance provider over and above your indebtedness will be refunded to you or your insurance provider, as is determined to be appropriate.

Your insurance card must be presented at each visit in order for charges to be submitted to your insurance provider. If for any reason your insurance coverage changes while under our care, Women's Health Wise must be immediately notified of such change. **Failure to notify us of insurance changes may result in denial of your insurance claim and all monies owed will be your responsibility.** Insurance providers will **NOT** accept claims prior to the plan's effective date. For large or unexpected charges not covered by your insurance provider, payment arrangements will be considered.

Initial: \_\_\_\_\_

### **Co-Payments and Deductibles**

Although we may be participating providers with your insurance company, all co-pays, deductibles and non-covered services must be paid at the time of service. We accept cash, checks, Visa, MasterCard, and Discover as forms of payment.

Initial: \_\_\_\_\_

### **Minors / Full Time Students**

Parent(s)/Guardian(s) are responsible for payment of all charges incurred by a minor. The parent/guardian arranging services for the minor will be considered responsible for payment. Women's Health Wise will not be responsible for billing or collecting from another party, i.e. divorced or separated spouse. For unaccompanied minors, treatment will be denied for non-emergency services unless payment arrangements have been made in advance.

**Please complete Minor Registration Form**

Initial: \_\_\_\_\_

### **Outstanding Balances**

If you have an outstanding balance, future appointments and treatment may be denied for non-emergency services until the outstanding balance is paid in full.

Initial: \_\_\_\_\_

### **Collection Accounts**

Outstanding balances in excess of **90** days will be sent to a collection agency. No additional appointments will be scheduled for patients that have been placed with a collection agency. A service charge of 1.75% per month (21% APR) will be added to unpaid accounts after **90** days. In the event you default, whether or not legal proceedings are instituted, a reasonable COLLECTION FEE of 15% of the principal balance will be added to your account. You may also be billed for any LEGAL FEES incurred as a result of default.

Initial: \_\_\_\_\_

