

Gynecology Today

Statement of Patient Financial Responsibility

The doctors and staff of Gynecology Today, PLLC appreciate the confidence you have shown in choosing them to provide for your healthcare needs. We are committed to providing you with the best possible care. The service you have elected to participate in implies a financial responsibility on your part. The responsibility obligates you to ensure payment in full of our services. As a courtesy, we will bill your insurance carrier on your behalf. However, you are ultimately responsible for payment of services and care received under the care of Gynecology Today, PLLC.

Co-Payment Policy

- All co-payments, co-insurance, and deductibles are due and payable PRIOR to services being rendered and is required by your insurance to be paid at each visit.
- If you do not know your co-pay, we will collect a minimum fee of \$30. Our billing department will bill or credit your account accordingly after your insurance pays their portion. If you are not prepared or unable to pay your co-pay prior to your visit, we will kindly reschedule your appointment for a more convenient time.
- Overpayments will be refunded after all charges have been processed and paid by your insurance company. A refund check will be written and mailed to you within 30 days of your verbal or written request.

Returned Check Policy

There is a \$35 service charge on all returned checks. After receiving a returned check, Gynecology Today, PLLC will only accept cash, credit card, or money order.

Cancellation/No Show Policy

While understanding there may be times when you miss an appointment due to an emergency or obligation. Gynecology Today, PLLC requires at least 24 hour notice on ALL cancelled appointments. Our office charges a fee of \$35 for appointments not cancelled or rescheduled 24 hours in advance. Fees must be paid prior to your next appointment.

Form Completion Policy

There is a fee of \$50 for all forms pertaining to Short Term Disability or FMLA. Medical record fees will be assessed accordingly. This fee is due upon the completion of the forms. If you fail to meet the financial obligations agreed upon in this policy or other payment arrangement, your outstanding balance will be sent to a collection agency and the complete balance will have to be paid before receiving any further treatment. Your future status with this office will be considered at that time and may lead to being discharged from Gynecology Today, PLLC. If you have questions please contact the billing department.

Insurance

While the filing of an insurance claim is a courtesy that we extend to our patients, it is your responsibility to:

- Bring your insurance card to each visit
- Notify our office of any changes to your insurance
- Know your co-pay and be prepared to pay at each visit
- Know and understand your insurance coverage and benefits
- Determine if the physician(s) is in network with your plan PRIOR to your visit
- Pay for any amount not covered by your insurance

I have read and understand the statement of patient financial responsibility. I agree to assign insurance benefits to Gynecology Today, PLLC whenever necessary. I authorize Gynecology Today, PLLC to release information to a collection agency or attorney. In the event of nonpayment or default, I am responsible for all costs and reasonable collection and/or attorney fees. Gynecology Today, PLLC reserves the right to change or amend this statement at any time and at its discretion.

Signature of Patient/Responsible Party

Printed Name

Date