



AdvancedGynecology

Financial Policy

Advanced Gynecology may release any medical information and/or medical records needed by your health insurance company for determining benefits or paying claims. Payments from your health insurance will be made directly to Advanced Gynecology. You are responsible to pay any deductible, co-payment, or co-insurance. Deductibles and coinsurance are usually calculated after your visit. If we can determine them before, they are due at the time of service.

Your Plan	What You Do	What We Do
Insurance we are contracted with	<u>Check your eligibility before each visit.</u> Pay your co-pay at time of service.	We will file your insurance for you.
Insurance we are <i>not</i> contracted with	Pay the visit in full at time of service.	We will file your insurance for you and assign benefits to you so you will receive payment from your insurance plan.
Medicare or HMO	We do not accept HMO plans. We do not accept new patients on Medicare. If you are unable to change plans, please see Self Pay, below, for discounted pricing.	n/a
Self Pay	Pay in full at time of service. For financial hardship, we offer a 30% discount for cash payments.	n/a

- Late fee – 10%. Fees start with your **3rd** monthly statement.
- Collections fee – 20%. This replaces the late fee if your balance is sent to an outside agency.
- Cancellation with **less than 48 hours' notice** – \$50.00
- No partial payments unless mutually negotiated. Pay plans require a credit card on file. We don't charge interest.
- Returned check fee – \$35.00
- New insurance? Tell us before your visit! Insurance claim that are not filed promptly.
- **Patients in collections may not schedule appointments** until their debt is paid. They may be dismissed from our practice. If this happens, we will treat you for the next 30 days, for emergency care only.
- Missed appointments. If you don't show for consecutive appointments, you may be discharged from care. We understand you may miss an occasional appointment due to a family or work emergency.
- **Non-covered services.** Insurance companies may deny some or all of a charge you incur as non-covered, not reasonable, or not necessary. IUDs, for instance, aren't covered by some insurance plans. **You are responsible for non-covered charges.** On the other hand, "not reasonable" often

means we are contractually prohibited from billing you for the difference between our price and the plan's approved amount. You're not responsible for that amount.

GUARANTEE OF PAYMENT

I agree to pay all charges that are not paid in a timely fashion by my insurance. If amounts due to ADVANCED GYNECOLOGY are not paid according to this financial policy, the account shall be deemed delinquent. In the event that I default on payment of my account, I understand I am responsible for any and all cost incurred on the collection of my account, including court cost and reasonable attorney's fee. If the debt is assigned to a third party collection agency, I agree to be responsible for collection fees and interest due to amounts in default.

AGREEMENT TO PAYMENT POLICY

I acknowledge that I received a copy of the financial policy of ADVANCED GYNECOLOGY and agree to the terms of payment due.

Responsible Party:

Relationship to Patient:

Patient or Responsible Party Signature

Date