

ADVANCED WOMEN'S HEALTH
FINANCIAL POLICY

Patient Name: _____
(LAST) (FIRST) (M.I.)

DOB: _____

We are committed to providing you with the highest quality care at a reasonable cost. Acknowledgement and understanding of our Financial Policy must be signed prior to treating with our providers. Your clear understanding of our Financial Policy is important to our professional relationship as it may avoid unnecessary billing issues that may happen as a result of incorrect insurance information and misunderstanding. Please ask if you have any questions at all.

INSURANCE: Advanced Women's Health will file claims to your insurance company. It is the responsibility of the patient to know what coverage, benefits, and eligibility is. Your insurance carrier makes the final determination regarding eligibility and coverage. You agree to pay any portion not covered by your insurance. Insurance changes must be brought to our attention immediately as the patient will be responsible for all charges not paid as a result of change in insurance coverage. Should your insurance carrier deny your claim, this will serve as authorization to appeal on your behalf.

SELF-PAY PATIENTS: All Self-Pay patients and patients who present without proof of insurance are required to pay for their services on the day of the visit. Payment plans may be made and a separate agreement will be provided.

FORMS OF PAYMENT: We accept Cash, Checks, MasterCard, Visa, American Express.

CO-PAYMENTS: If your coverage requires patient co-pay, we are obligated by your insurance carrier to collect this at the time of service. Failure to collect co-pays puts both the patient and Advanced Women's Health in default of the insurance contract. Please be prepared to pay the co-pay at each visit. **Without it, you may be required to reschedule.** Chronic non-payment may constitute dismissal from the practice. Some insurance carriers impose more than one co-pay for each visit, e.g. co-pay for an office visit plus co-pay for imaging. We may not be aware of your insurance carrier's multiple co-pay policy, and therefore, may bill you for any uncollected co-pay at a later time based on the Explanation of Benefits from your insurance.

NO-SHOW APPOINTMENTS: Missed appointments or No-Shows represent a cost to us, you and to other patients who could have been seen in the time set aside for you. If you are unable to keep your appointment, please call 24 hours prior to the scheduled appointment date.

OUTSTANDING BALANCES: If you have any outstanding self-pay or insurance designated outstanding balances for co-pays, deductibles and other unpaid out-of-pocket expenses, you will be asked to remit payment at your next visit or you may be required to reschedule your appointment. Chronic non-payment can constitute separation from the practice.

MEDICAL RECORDS: Written authorization for release of your medical records is required. Once a medical record authorization request is received we will send the patient bill for the copying and mailing of the records prior to releasing records. The law allows up to 30 days to process all medical record requests, however, requests are processed as soon as they are received and usually do not take more than 10-14 business days.

I have read the Financial Policies of Advanced Women's Health and agree to comply with the Financial Policies. In addition, Advanced Women's Health has my permission to provide medical documentation in order to obtain reimbursement or appeal on my behalf.

Patient Signature (or Parent or Legal Guardian)

Date