

Financial Policies

1. Payment is due at the time of service unless arrangements have been made in advance by your health plan.
2. Past balances are due at the time of service.
3. We do not accept payment plans. Balances must always be paid in full.
4. For new patients, we will ask you for a credit card to keep on file. We will use your card to pay your balance if we do not receive payment from you within 60 days.
5. You (not our office) are responsible for knowing your health plan benefits and coverage. You (not your health plan) are responsible for ensuring full payment to our office for the services you receive.
6. It is your responsibility to know which labs your health plan is contracted with. We cannot be held financially liable for ordering lab tests that are not covered or denied by your health plan or choosing a lab facility that is not contracted with your health plan.
7. There are hundreds of health plans, and their terms and conditions change all the time. Therefore, our office cannot be held responsible or financially liable for providing you incorrect, outdated, or inaccurate information regarding your benefits, eligibility, expected costs, service approvals or authorizations, or whether your health plan is in-network or out-of-network. It is your financial responsibility to pay all amounts owed, as determined by your health plan, regardless of what anyone in our office may have told you, or ascertained for you on your behalf.
8. You may always make an appeal with your health plan over coverage for services you receive. However, you cannot withhold payment to our office while making your appeal. If your appeal is approved by your insurance, we will refund the appropriate balances.
9. **LATE PAYMENTS:** Balances more than 30 days old will be assessed 2% per month finance charge.
10. **COLLECTIONS AGENCY:** Balances 90 days, and older are delinquent and transferred to a collections agency. A \$75.00 transfer fee will be added to the balance. After this has occurred will provide you with 30 days of emergency medical care only.
11. **TERMINATION OF SERVICES:** We terminate services for patients or family members who are: disruptive, disrespectful, hostile, threatening, abusive, do not adhere to our financial policies, ignore medical instructions (i.e., medically non-compliant), fail to return our phone calls, repeatedly miss their appointments, or who are turned over to collections for unpaid balances. These types of behaviors hinder

our ability to provide quality medical care and violate the doctor-patient trust that we seek to cultivate.

12. **MISSED APPOINTMENTS:** A missed appointment is not covered by your health plan. Therefore, you need to call or email our office 24 hours in advance to cancel or reschedule your appointment or you will be charged \$125.00.

As a courtesy, we send a reminder to our patients in advance of the appointment. We are not always successful in reaching the patient when we do this and we cannot guarantee that you will receive a reminder. Not receiving an appointment reminder call does not invalidate our missed appointment policy.

13. These policies are subject to revision. You may always access a copy of these policies at www.femdoc.net.

Patient Agreement

Please sign below and return this page to our front desk receptionist to acknowledge that you have received and agree to our Financial Policies.

Date _____

Print Name _____

Signature _____