

Harmony Women's Healthcare Financial Policy

Dear Patient:

Our office is delighted to have the opportunity to care for you. In order to begin our relationship, we would like to make you aware of some facts about your medical insurance and financial obligations. It is our policy to collect any co-payment or deductible at the time of service by check, cash, Master Card, Visa or American Express. As a courtesy our office will file your private insurance. Your insurance company will make direct payment to our office. If by chance your insurance company remits the payment to you, it is your responsibility to forward that payment to us along with all the paperwork sent to you from them.

You may receive a letter from your insurance company stating that medical fees are "higher than usual and customary." Customary fees are determined by survey of a geographic area by the insurance company. They determine the average fee for that area and then take a percentage of that fee and deem it "customary." Included in the fee-survey are discount clinics that bring down the average fee. Therefore, most physicians/clinics in private practice will have "higher than customary fees." In addition, many plans tell their insured that they will cover "up to 80% or 100%" but they do not clearly specify their fee schedule allowance, annual maximums, or any plan limitations. Insurance is an aid, not a PAY-ALL.

REFERRALS: Many of our patients participate in HMO/managed care plans. We must remind you that if your primary care physician has referred you, it is your responsibility to obtain your referral prior to your visit. In the event you do not do so, you will be rescheduled until a referral is obtained or you will need to pay for the visit in full at the time of service.

If an insurance payment is not made due to information the insurance company requests from you, it becomes the responsibility of the patient to pay in full. The patient is also responsible for any services rendered that are not covered by their policy. It is your responsibility to inform us of any changes to your insurance coverage. If failure to do so results in no payment for the services rendered, the charges become the patient's responsibility.

Our patients without insurance will be required to pay for their visits in full at the time of service. Please see our business office if special arrangements need to be made.

There is a \$35 fee for returned checks received for payment of your co-pay or for returned checks mailed to our office for a payment on a balance. We also use the services of a collection agency for delinquent accounts and this information is reported to the credit bureau. A \$25 release of records fee will be charged and collected at the time records are released to a patient/spouse or guardian. A \$15 fee will be charged for the doctor's office completing one page and \$25 for two or more pages for any disability or insurance papers requested by an employer or insurance company. The fee is due when the employer, insurance company, patient/spouse or guardian requests such documents.

Our primary mission is to provide you with the best possible care. Please do not hesitate to ask us any questions about our office policies. We want you to be comfortable in dealing with these matters, and we urge you to consult us if you have any questions regarding our services and/or fees. It is the desire of this office to give you the courtesy and service you deserve.

I have read and understand my financial obligations under this arrangement and will be fully responsible for making the co-payment/deductible payment up front and any remaining balance of my account not covered by my insurance company.

SIGNATURE: _____ **DATE:** _____