



OB GYN CARE GROUP

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Patient Responsibility and Your Insurance

PATIENT NAME: _____ DOB: _____ DATE: _____

Awareness of our office policies ensures we have the best patient relationship. Please initial each of the following:

_____ **PAYMENT METHODS.** We accept and encourage our Patients to use cash or personal checks as a form of payment. If you must use a credit card, we charge a convenience fee of 3.5% of the balance due.

_____ **NO SHOW / RESCHEDULED APPOINTMENTS.** We hope you understand as a busy office, when we hold an appointment open for you, that's an appointment that another patient was unable to book. This is the reason for the no show / reschedule fees. Patients are required to give us two business days (48 hours that do not include weekends) to reschedule or cancel an appointment.

- \$50.00 No Show fee charged to existing patients that fail to give us sufficient notice.
- \$75.00 No Show fee charged to new patients, patients scheduled for in-office procedures, or patients scheduled for an ultrasound appointment.
- \$200.00 No Show fee charged to patients scheduled for hospital procedures who do not give a 72 hour notice of intent to reschedule or inability to make the appointment.

_____ **LATE ARRIVAL FOR APPOINTMENTS.** Please call our office as soon as possible if you are going to be late for your appointment so that an appropriate solution can be developed. A patient 15 minutes late for her appointment will be considered a late arrival. We will do our best to accommodate by working you into the Provider's schedule, while trying not to delay the appointments of our other patients who were not late. If you are late you may be required to wait. If we are unable to work you into the Provider's schedule or you choose to reschedule the appointment, there will be \$50.00 fee for existing patients and \$75.00 fee for new patients.

_____ **STATEMENTS.** You are responsible for knowing your insurance information including deductibles, co-pays, co-insurance, in and out-of-network costs, etc. Your co-pay amount is due on the date services are rendered. We encourage our patients to log into their insurance websites and call their insurance often with questions. We submit claims for services we render to your insurance. When we get the insurance response in many cases there is a "patient responsibility" due to deductible, co-insurance or co-pay. That patient balance is mailed to you in a statement. ***The balance is due upon receipt of the statement to avoid late fees. We only send ONE statement.*** If we have to send a second one it will be with a Ten Day Demand letter. Call our Patient Advocate or Billing Department when you get your statement if you need an extension and we will do our best to work with special circumstances. Patients that are on a payment plan or our OB patients will get statements but no Ten Day Pre Demand letters because they already have arrangements. Any patient with an existing outstanding balance in default will not be seen until they pay the balance and may have to pay up front in the future. ***Make sure we have your correct address so statements will be mailed to the correct location.***

_____ **GLOBAL FEE.** All OB patients are required to meet their financial responsibility as agreed on the Global Agreement Form.

_____ **FORMS:** Please allow 3 to 5 business days for any forms such as (but not limited to) FMLA, Short-term disability and/or insurance forms. There is a \$25.00 fee to each form completed or signed by the practice.

_____ **MEDICAL RECORDS:** If you request a copy of your medical records faxed to another Provider's office, we will send the records at no charge, one time, with a signed records release from the patient. All patients have access to their records through our patient portal. All account balances on the patient account must be paid in full prior to releasing medical records. If you would like a hard copy of your medical records for yourself or another provider, we will be happy to print your records with a signed medical records release and a hardcopy fee. The medical records hardcopy fee is: \$1.00 per page.

_____ **RETURN MAIL CHARGE.** Make sure we always have your current address because there is a \$5.00 charge to patient's account for returned mail.

If you have any concerns about the financial aspects of your care here and or would like some help understanding your insurance ask to speak with a Patient Advocate or our Billing Department while you are here.