Financial Policy

Thank you for choosing Eastside Gynecology Obstetrics as your medical provider. Although billing is not always a comfortable topic, we want to keep you aware of our current office financial policies. We ask that you please read, initial, and sign this policy before any treatment.

Payment for medical care is different for everyone because there are many insurance companies and different types of coverage. Since you are the person seeking care, please know that you are responsible for the payment of the bills related to your care. To help you, we will bill your insurance carrier(s) for you, when you have given us a copy of your current insurance information.

Financial terms:

Payment types accepted – Cash, personal check, VISA, Mastercard, American Express and Health Care savings cards

Co-Payment- The fixed dollars amount **set by your insurance plan** that **MUST** be paid by you at the time of your visit. The co-pay cannot be "waived" by our practice, because it is a rule from your insurance carrier.

Deductible- The annual dollar amount **set by your insurance plan** that is deducted from insurance benefits and **MUST** be paid by you. The deductible cannot be "waived" by our practice. Because is it a rule from your insurance carrier.

Co-insurance – The percentage **set by your insurance plan** that is deducted from insurance benefits and **MUST** be paid by you. The co-insurance cannot be "waived" by our practice, because it is a rule from your insurance carrier.

Self-Pay – The dollar amount to be paid by patients who have no insurance benefits. This fee is due at the time of the visit.

Payments Due

You, the patient, are responsible for annual deductibles, co-payments, co-insurances, percentages and any services that are not covered at the time the service is rendered. If you don't know what your insurance coverage is, please contact your insurance company. It is up to you, the patient, to know your own insurance plan and the benefits provided. Your benefit plan is between you and your insurance carrier, NOT between our physicians and your insurance carrier.

Patients who have overdue balances are billed monthly. Patients with past due accounts will be asked to make payments in FULL before being seen in our office for anything other than a surgical follow-up, or an active pregnancy for which we have established a relationship. You may contact our financial counselor regarding payment arrangements. If your aged account (over 180 days) is sent to an independent collection agency, you will not be allowed to schedule appointments until your account is paid in full.

"No Show" for appointments and procedures:

We understand that emergencies happen for our patients, just as they do for us. However, when a patient cancels an appointment without enough notice, or doesn't show up, we can't use that time to service the needs of our other patients. We ask that you please call at least 24 business hours in advance to cancel appointments. Patients who do not, may be charged a $25.00 "No Show" fee for a regular appointment and a $50.00 for an appointment for a procedure. **This fee will be charged to the patient, not to your insurance carrier.**

Referrals:

If your insurance has referral requirements, you **MUST** have prior authorization or a referral from your Primary Care Physician (PCP) before you can be seen in our office. If this authorization of referral is not available at the time of your visit, you will be asked to reschedule your appointment or you will be required to pay for all services rendered.

Returned Checks/Rejected ACH Withdrawals:

A $35.00 fee will be added to your account for any checks returned or ACH withdrawals rejected by your financial institution. This is in addition to any fees that your financial institution may charge you.

Disability or Insurance Forms:

Our office will complete your disability insurance claim forms. The fee PER form is $10.00, and must be paid by the patient **BEFORE** the forms will be filled out. Your insurance company will not pay this fee. Please allow 5-7 business days for completion or your disability forms.

Authorization to Release Information/Pay Benefits

I authorize Eastside Gynecology Obstetrics PC to release information contained in my medical record, to any third party payer, insurance agencies, or carriers which are responsible in whole, or in part for services rendered.

I assign and authorize direct payment of all health care benefits and other forms of payment which relate to the care provided to me by Eastside Gynecology Obstetrics PC for application to my bill. I assume FULL FINANCIAL RESPONSIBIITY FOR PAYMENT of all expenses associated with my care and treatment, including any portion of hospital or physician charges that are not covered/paid for by my insurance, worker's compensation or social agencies.

I, the undersigned, have read, clearly understand, and agree to the provisions of this financial policy. I also understand and agree that the terms of the financial policy may be amended by the practice at any time without prior notification to the patient.

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Signature of the patient or Guardian

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Printed name of the patient

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Date 6/8/17