

Patient Financial Policy

Thank you for choosing *Heartland Women's Health, PA* as your health care provider. We are committed to your treatment being successful. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, our policies or your responsibilities. Carefully review the following information and return this form to us with your signature and today's date.

We request all patients complete our Patient Information Form prior to seeing the physician and annually thereafter. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc).

INSURANCE:

It is the patient's responsibility to provide the clinic with current insurance information. We will ask for your insurance card at your first visit to obtain a copy for our records. We may occasionally request a copy at a later date to update your records so please have your insurance card every time you come to the office. If current information is not obtained at the time of service, it will become the patient's responsibility to pay until current information is provided to the clinic.

Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your claims for you. However, we will not become involved in disputes between you and your insurance carrier. This includes, but is not limited to, deductibles, co-payments, non-covered charges and "usual and customary" charges. We will supply information as necessary. **You are ultimately responsible for the timely payment of your account.**

CO-PAYS:

Co-payments are due at the time you check in at the front desk **PRIOR** to being seen by your doctor.

UN-PAID BALANCES:

We ask that full payment be made at the time of service unless prior arrangements have been made through the billing office. If your insurance company has not paid the balance in full, you will receive a statement notifying you of the amount due. You may call our billing office to set up payment arrangements if necessary. Any overdue balances may be considered for further collection activity.

We accept cash, checks, Visa and MasterCard.

OB PATIENTS (with insurance):

Our office will pre-certify your pregnancy and complete any necessary paperwork required by your insurance company. We will also obtain your OB benefit coverage, which will include deductible and co-pay information (for physician charges only). If you are responsible for deductible and/or copay, these amounts will be collected prior to your delivery. If you cannot pay the amount in full, payment arrangements can be discussed with the business office. We will discuss with you our "OB Budget" plan after this information has been confirmed by your insurance carrier. Once we have received payment from your insurance company we will send you a statement if additional payment is required.

OB PATIENTS (with/out insurance):

New OB patients will be given a separate payment policy. The charge for a **normal** delivery is \$2,700. This amount is for physician charges only and does not include any hospital, laboratory, sonograms, or additional services needed during or at the time of delivery. Patients will be responsible for half, or \$1,350 at the time of their first visit. The remaining balance of \$1,350 will be paid in five monthly installments of \$270.

Patients who follow the above payment arrangement will receive a 20% discount of \$540. Therefore, patients will owe \$1,350 upfront and only three monthly payments of \$270.

Patients will be billed after their delivery for any additional balance.

DISCOUNTS:

As a courtesy, the clinic offers a 20% discount to all patients with no insurance coverage *who pay in full at the time of service*. This discount is available only on the actual date of service. All billed services will be at the full fee.

PAYMENT ARRANGEMENTS:

In the event the total balance due is more than you are able to pay; we will make reasonable payment arrangements. Please contact our billing office to make such arrangements.

RETURNED CHECKS:

The charge for a returned check is \$25 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a "Cash Only" basis following any returned check.

MINORS:

The parent(s) or guardian(s) is responsible for full payment and will receive the billing statements. A signed release to treat may be required for unaccompanied minors.

MEDICAL RECORD COPIES/FMLA PAPERWORK:

There is a fee of \$15 for completion of FMLA paperwork.

Thank you for understanding our Financial Policy. We appreciate the opportunity to provide our services for your medical needs. Your assistance and cooperation will be most appreciated. Should you have any questions or concerns please contact us.

I have read and agree with Heartland Women's Health's Financial Policy.

Patient Name (please print)

Patient/Responsible Party Signature

Date