

Financial Policy and Payment Authorization

Thank you for choosing The Group Obstetrics & Gynecology Specialists as your healthcare provider. We are committed to building a successful provider-patient relationship. Your understanding of our practice's financial and payment policy is an important part of this relationship. This document discusses our financial and payment policy for your acknowledgment.

Demographics

Initial It is your responsibility to ensure that your insurance and demographics, including address and phone number, are accurate and up to date with any changes. You will be required to present your Identification and Insurance Card(s) at every visit.

Insurance

Initial The Group works with most insurance carriers and medical plans; however, it is your responsibility to make sure your insurance carrier is contracted with the physicians at The Group. You are responsible for all residual balances, including but not limited to co-pays, deductibles, coinsurance, and charges not paid or covered by insurance for any reason, after consideration of contractual adjustments. Copays and some deductibles are due at the time services are rendered, if you are unable to comply, your appointment may be rescheduled.

Self-Pay

Initial Self-Pay patients without insurance, or patients seeking care outside of your insurance plan benefits, are expected to make payment in full at the time of service.

Obstetrical Patients

Initial All obstetrical patients are required to meet with our business office to review your insurance coverage and discuss your financial responsibility. Obstetrical patients with commercial insurance are required to pay any co-pays/deductibles/coinsurance by 34 weeks gestation. Other services not covered as part of the global obstetrical care are due and payable as the services are rendered.

Prior Authorization

Initial If your insurance requires prior authorization or a referral from your primary care physician, you are responsible for making sure this is obtained from your insurance carrier or primary care physician. If a referral or prior authorization is required and not obtained, this may result in a lower payment or no payment from your insurance carrier and you will be responsible for the balance.

In-Office Procedure and Surgical Patients

Initial All in-office procedure and surgical patients are required to pay 50% of their estimated responsibility calculated from deductibles, co-insurance, and any non-covered charge prior to their surgery or procedure.

No-show Appointments

Initial This facility charges a \$35.00 no show fee for any missed appointments that are not canceled prior to your scheduled appointment time.

Delinquent balances

Initial Accounts that have reached a delinquent status may be subject to a 35% collection fee on all past due balances that are unpaid and turned over to our collections department. In addition, you agree that you will be responsible for all court costs and attorney fees related to collecting all past due balances. The ability to schedule future appointments will be impacted until your balance is paid in full.

Forms

Initial This facility charges a \$10 fee for the completion of any disability, FMLA, and other supplemental insurance forms. Forms needing to be completed in less than 7 days will result in a \$20 expedited fee.

I acknowledge that I have read and understand all the terms and conditions associated with this agreement and hereby agree to be bound by all the above terms and policies.

Print Patient Name

Patient Signature (or legal guardian/representative)

Date