

## CONWAY OB/GYN FINANCIAL POLICY

Thank you for choosing Conway OB/GYN Clinic, P.A. as your health care provider. We are committed to providing you with the best possible care, both medically and professionally. Your clear understanding of our financial policy is important to our professional relationship. Please understand that payment of your bill is considered part of your treatment. We accept **Cash, Check, Visa, MasterCard and Care Credit.**

### INSURANCE

Our practice is committed to providing the best treatment for our patients. We must emphasize that as medical care providers, our relationship is with you, our patient, not with your insurance company. We cannot accept the responsibility of negotiating claims with insurance companies or any other persons. **While the filing of insurance claims is a "Courtesy" that we extend to our patients, all charges are your responsibility from the date of the service rendered.**

Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract. It is very important that you understand the provisions of your policy. We cannot guarantee payment of all claims. If your insurance company pays only a portion of the bill or rejects your claim, any contact or explanation should be made to you, their policyholder. Reduction or rejection of your claim by your insurance company does not relieve you of your financial obligation.

Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Some, and perhaps all of the services may be considered "Non-Covered" services and not considered necessary under Medicare and other medical insurance programs. Please remember that professional services are rendered and charged to the patient, not the insurance company.

We charge what is usual and customary for our area. The patient is responsible for payment in full within a reasonable amount of time – regardless of the status of the claim or any insurance company's arbitrary determination of usual and customary rates. Our fees are considered to fall within the acceptable range of most companies and therefore are covered up to the maximum allowance determined by each carrier. We will require all surgical and obstetrical deposits to be paid in full before services are rendered.

If you have a managed care medical insurance that we participate with, your payment of deductibles, non-covered services, and co-payments are due when services are rendered. If we do not participate with your insurance company, or if you do not have health insurance coverage, payment for services is due at the time services are rendered, unless our collection manager has approved special arrangements.

Although an insurance claim is filed, you will receive a monthly statement if your account has a balance due. This office cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. The patient is responsible for payment of the account within the limits of our credit policy. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, or in circumstances where a claim is pending or when treatment will be for an extended period of time, it is recommended that a payment plan be initiated. If payments are not kept as agreed, we reserve the right to turn your account over to collections without prior notice to you. If your account is turned over to collections, you will be responsible for any collection and/or attorney fees. We encourage you to contact our collection manager for assistance in the management of your account.

### RETURNED CHECKS

Any returned checks are subject to a \$25.00 service fee. If not paid in full, returned checks will be turned over to the Prosecuting Attorney's office after 15 days.

**\* There will be a \$25.00 charge for not canceling appointments at least 24 hours prior to appointment time.**

**I have read and understand the financial policy of Conway OB/GYN Clinic, PA, and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by Conway OB/GYN Clinic, PA.**

**Patient or Responsible Party**

Rev. 9/1/10

**Date**