

SOMERSET OB/GYN ASSOCIATES FINANCIAL POLICY

Dear Patient,

In the interest of good practice, we believe that it is desirable to establish a financial policy for our patients. It is a written form so that you may read it and keep a copy for your reference in the future. Our goal is to avoid any miscommunication or concerns regarding financial matters, and so that we may focus our energies on serving the healthcare needs of our patients. Please ask our staff if you have any concerns about this. We appreciate the opportunity to participate in your healthcare. **Please return this form to the receptionist once you have reviewed and signed it. A copy will be provided to you upon request.**

Patients are responsible for payment of all medical treatment and services provided.

- Insurance co-pays shall be collected at each office visit (additional co-pays may be collected if additional services are rendered, Example- annual exam with problem visit)
- Insurance co-pays for elective surgery shall be collected prior to the day of surgery

Our office participates with Medicare, Medicaid, and other healthcare networks. Please check with our office staff to see if we participate with your insurance plan.

- As a service to our patients, we shall file insurance claims for all covered services
- As a participating provider network, we shall accept the insurance company's allowable payment for covered services.
- Patients are responsible for deductibles, co-payments, non-covered services, and out-of-network services. Payment for these services shall be due at the time of visit.
- A current copy of your insurance card is needed at each visit.
- Patients must advise us of the need for precertification by your insurance for any service.

Our office accepts cash, checks Visa, and MasterCard. All payments are expected at the time of service, unless prior arrangements have been made with the billing department.

Payment shall be considered past due 90 days after service is provided. Unless prior arrangements have been made, accounts may be referred to an outside collection service. This may result in additional costs for the patient as well as dismissal from the practice.

A service charge of \$10.00 will be made on the following:

- A \$10.00 fee will be collected prior to the completion of any insurance or disability forms
- Returned checks

Termination of care may also result from a noncompliance of recommended care including missed or multiple rescheduled appointments

All patients who have declared bankruptcy with a balance due to Somerset OB/GYN or are in a collection status will be seen at the discretion of the office. Payment shall need to be collected on each before service is provided.

For non-insured patients, Somerset OB/GYN offers a reduction in fee schedule for payment in full at the time of service.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY AND AGREE TO THE TERMS 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.

Signature of Patient and/or Guardian (Seal)

Date