



GENERAL ADMINISTRATIVE AND FINANCIAL AGREEMENT

The doctors and staff at The Woman's Group would like to welcome you to our practice. We strive to provide you with excellent medical care and our goal is to make your visits as convenient as possible. The following are our administrative and financial policies.

I agree and understand the following general administrative policies:

- It is my responsibility to inform The Woman's Group of any address or telephone number changes.
- My account is to be kept current and accordingly, all self-pay, insurance or co-insurance co-payments and deductibles will be collected at the time of service payable by cash, check, Visa, MasterCard or American Express.
- I will be charged a non-cancellation fee if I fail to cancel a scheduled appointment.
- I will be charged a \$25.00 service charge for any returned check **and will be required to make all future payments using cash, credit or card.**
- I understand that refunds will be issued within two weeks from the date requested, provided there are no insurance pending claims.
- The Woman's Group will charge a fee of \$35.00 to complete any requested paperwork pertaining to disability, FMLA, etc. This fee will be due at the time the paperwork is delivered at our office. Forms will be completed within 7-10 business days.
- If my account is turned over to a collection agency, I will be responsible for an initial placement charge of \$12.00, as well as any costs incurred in collection of my balances, which may include collection agency fees up to 35% of my outstanding balance, court costs and attorney fees.

If I have health insurance coverage:

We will submit your claims, however ***we must emphasize that as medical providers, our relationship is with you, not your insurance company.*** Although we attempt to verify your OB/GYN benefits with your insurance company, please be advised that this is only an estimate of your coverage based on the information given to us at the time of the inquiry.

If I have health insurance coverage I agree and understand the following:

- It is my responsibility to inform The Woman's Group of any changes to my insurance policy, so that my coverage can be re-verified prior to my appointment.
- I understand that if my insurance policy requires a referral from my primary care physician, it is my responsibility to have that referral faxed to The Woman's Group prior to my appointment.
- I understand that not all services provided to me by The Woman's Group may be covered by my insurance plan.
- It is my responsibility to be aware of what service(s) is (are) provided by The Woman's Group and if it (they) is (are) covered by my insurance plan.
- I am responsible for paying for any services rendered by The Woman's Group, but not covered by my insurance plan.
- I understand that The Woman's Group will file my insurance claims as a courtesy. My charges are always my responsibility.

If you have any questions about the above information, please let us know. *We are here to help you.*

I have read and understand the above administrative and financial policies and agree to meet all financial obligations.

Patient Name (please print)

Patient Signature

Date

Responsible Party if other than patient (please print)

Responsible Party Signature

Date

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