



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 is 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-accordingly, all self-pay or insurance co-payments, co-insurances and deductibles will be collected at the time of service payable by cash, check, Visa, MasterCard, American Express, Discover, or Care Credit.
- A returned check will result in a \$25.00 service charge **and** all future payments being required in the form of cash, credit or debit card.
- I will only be sent a statement if my balance exceeds \$5.00. In the event that a refund is due, I understand that refunds will be issued within 2 weeks from the date requested provided there are no insurance pending claims.
- There is a \$35.00 charge for the completion of paperwork (ex. Disability, FMLA, etc.). This fee is due when paperwork is dropped off. Forms are 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 said balance, which may include collection agency fees up to 35% of my outstanding balance, court costs and attorney fees.
- I understand that I will be charged \$25.00 for non cancellation of my appointment within 24 hours.

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 provided to The Woman's Group prior to my appointment.
- I understand that not all services provided to me will be covered by my insurance plan.
- It is my responsibility to be aware of what service(s) is being provided by The Woman's Group and if it is a covered benefit under my insurance plan.
- I am responsible for any non-covered charges not payable 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.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise we urge you to contact us promptly for assistance in the management of your account. If you have any questions about the above information, please do not hesitate to ask us. 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