

ACADIANA WOMEN'S HEALTH GROUP, APMC

Financial Policy

Thank you for choosing us as your healthcare provider. Please understand that payment of your medical fees is essential to the well-being of our practice. The following is a statement of our Financial Policy, which we require you to read and sign prior to treatment.

I agree to pay for all past due balances that were unpaid by my insurance company, copays, co-insurance, deductibles or non-covered charges for diagnostic procedures and medical treatment and understand that **PAYMENT IS DUE AT THE TIME OF SERVICE**. We accept cash, checks, and credit cards.

****APPOINTMENTS NOT CANCELLED 24 HOURS IN ADVANCE WILL INCUR A \$25 CHARGE****

Past Due Accounts: Accounts not settled within six months, may be charged a **\$4.00** monthly rebilling fee. In the event this debt becomes delinquent, you may be responsible for added delinquency fees, and any applicable court costs and/or attorney fees incurred because of non-payment of debt.

Collections: Open accounts with no acceptable payment activity after six months may be automatically placed with our collection agency. If this action becomes necessary, you will be responsible for payment of the original balance plus any billing charges, finance charges, collection fees, attorney fees, and expenses incurred in collecting amounts owed.

Regarding Insurance: I understand that I am responsible for verifying that my provider participates with my insurance plan and that I must present a copy of my card at each office visit.

Plans that we are participating providers: All copays and deductibles are due at the time of service. Based on information we have gathered from your insurance company; we estimate your portion of the charges. This is an **estimate only** and we do not guarantee benefits.

Plans that we are NOT participating providers: We may accept assignment of insurance benefits on hospital care. However, the balance is your responsibility whether your insurance company pays us or not. Your insurance policy is a contract between you and the insurance company. We are not a party to that contract. In the event we do not accept assignment of benefits, we require that you make arrangements with our business office for payment of the uninsured amount.

PAP Smears, Pathology and most lab testing are billed separately by the reference lab that performs the services.

There will be a charge prior to physicians, nurses or office staff completing paperwork such as WIC, Disability forms, FMLA, attending physician statements and providing copies of itemized statements etc....

Our practice is committed to providing the best treatment of our patients and we charge what is usual and customary for our area. Please discuss any problems with balances due after insurance payment with the business office. I request that Medicare or insurance payments of medical benefits for services rendered be made to Acadiana Women's Health Group, APMC. Private Health Information will be released in accordance with Acadiana Women's Health Group's notice of privacy practices.

- I allow the release of medical information to third party benefit managers to verify insurance coverage, obtain prior authorization and determine benefits for treatment
- I understand that Acadiana Women's Health Group, uses electronic prescribing. My prescriptions may be sent, and my medical information may be obtained through Acadiana Women's Health Group, electronic prescribing function.
- I acknowledge that Acadiana Women's Health Group's Notice of Privacy Practices was made accessible to me.

Signature of Patient or Personal Representative

Date

Printed Name of Patient

Relationship to Patient

Date of birth

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