

Financial Policy

Welcome to Gynecology Specialists, PLC. We would like to inform our new patients of our policies and update our current patients on any changes we may have made. The physicians and staff at Gynecology Specialists, PLC thank you for choosing our practice and will do our best to make your visits a pleasant experience. Feel free to contact our Office Manager if you have any concerns and she will be happy to help you.

PLEASE READ ALL INFORMATION AND ACKNOWLEDGE BY SIGNING BELOW.

1. We ask that you present your insurance card at each visit. It is your responsibility to provide us with the correct information to bill your insurance. If you do not have a current insurance card we may have to reschedule your appointment.
2. If you have a change of address, telephone numbers, or employer, please notify the receptionist.
3. We will collect your deductible, co-payment, or charge for non-covered services at the time of your visit. If you have a balance after an insurance payment from a previous service, we will also ask for that payment. We accept cash, checks, Visa and Master Card.
4. If we do not participate with your insurance company or if you are a self pay patient, you will be expected to make payment in full at the time service is rendered.
5. If your insurance denies our charges or does not pay us in a timely manner, or if your account becomes delinquent we reserve the right to refer your account to a collection agency and to be reported to the credit bureau.
6. **Forms** - There will be a \$25.00 fee for completion of all forms for disability, employers, etc. Please have your portion of the form filled out and signed before leaving them at the office.
7. **Late for appointments** - If you are late for an appointment, it may be necessary that we reschedule. We will do our best to work you in that same day if possible.
8. **Refills** - Please leave all necessary information for prescription refills and allow 48 hours before pick-up.
9. **Returned checks** - There will be a \$30.00 fee from our office if a check is returned to us for non-sufficient funds. Our Office Manager will be happy to help you with arrangements to clear up this matter as soon as possible.
10. **No-show or missed appointment** - It is important that you notify us as soon as possible if you know you will not be able to make your appointment. This will allow us to fill that appointment slot and schedule more efficiently. We understand there may be times when you are unable to keep an appointment, but we ask the courtesy of a phone call to cancel an appointment by you. If two appointments are missed without cancellation, you will be charged a \$50.00 fee. If three appointments are missed, you may be dismissed from the practice. A fee of \$75.00 will be charged for all in-office procedures including ultrasounds in which the patient does not show, cancels, or reschedules less than 24 hours prior to appointment.
11. **Surgery changes or cancellations** - We try to schedule all surgeries in a time frame convenient for you and according to physician instructions. Please remember that once the surgery is coordinated with the physician, hospital, office and your insurance company it is difficult to make changes. If we do need to make a change we will have to take whatever time is available in the operating room and the physician schedule. A fee of \$75.00 will be charged for any surgery in which the patient does not show, cancels or reschedules less than 24 hours prior to appointment.
12. 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 policy holder. Reduction or rejection of your claim by your insurance does not relieve you of your financial obligation.

Remember, whether you do or do not have insurance, you are ultimately financially responsible for payment of your charges.

I have read and have a full understanding of the financial policy of Gynecology Specialists.

Signature: _____ Date _____