

A Woman's Place
Our Financial Policy

This policy covers office visits, labs, surgical procedures and radiology testing. By signing this document, I am agreeing to the terms of this Financial Policy.

Payment is due at time of service: Payment is due in full at the time of service unless you are covered by an insurance company with which we participate. We do not accept check for payment, Cash or Credit Card Only

No Show Fee \$25: All same day cancellations. A "no show" is someone who misses an appointment without canceling it within a 24-hour working day in advance. No-shows inconvenience those individuals who need access to medical care in a timely manner.

Insurance Authorization & Assignment: Patients will be required to present their insurance card and a valid credit card on file to the receptionist upon check-in each time they are seen for medical services. Claims not paid within **45 days** by your insurance company will become your responsibility. You will receive a statement for these services to contact your insurance company for reimbursement.

In-Network Insurance: All co-payments, deductibles and non-covered services are due at time of service. A credit card on file is required. We will file the insurance claim on your behalf. Once the claim has been processed, an email will be sent if additional costs are due. You will have 5 days to respond before your credit card on file is charged.

Out of Network Insurance: Payment in full is required at time of the service.

Medicare: We DO NOT participate in any type of Medicare plans. As a non-par provider, Medicare will not reimburse you for your care. You will be responsible for the entire cost of your visit.

Referrals/Authorizations: If prior authorization/referral is required by your insurance company and we do not receive it prior to your appointment, you will accept responsibility for payment in full for that date of service.

Forms: Effective January-1-2022 All Forms (FMLA, return to work, Disability, etc.) will require an upfront **\$25.00** fee for EACH form. It will be completed within 14 business days.

Surgery Cancellation Policy: To avoid a cancellation fee, patients are required to contact the office **7-days** prior to their procedure. Failure to receive notification may result in a fee of \$100.00 applied to your account which will need to be paid in full before procedure can be rescheduled.

All quotes are not a guarantee of benefits. Benefits are ultimately decided at the time your claim is processed. Your insurance policy is a contract between **YOU and Your Insurance Company**. Any pre-certifications of procedures or testing required are your responsibility to confirm prior to your services.

Collections: If payment is not received from either you or your insurance company within 60 days from the date of service(s) or if you deactivate the credit card agreement on file, your account will be considered delinquent and transferred to Trans World System Collection Agency to enforce payment of your account.

I agree to pay for **ALL** collection fees deemed reasonable.

Signature of Patient

Date

Printed Name of Patient

(Revised 5-9-2024)