

Financial Policy

Welcome to Genesis Ob/Gyn...a place for new beginnings. We are pleased that you have chosen our office as your health care provider. We strive to provide you the highest level of professional medical care with the highest degree of patient satisfaction.

To avoid any misunderstandings and ensure timely payment for services, it is important that you understand your financial responsibilities with respect to your health care.

We require all patients to sign our *Authorization and Consent to Treatment Form* before receiving medical services. This form confirms that you understand the services provided are necessary and appropriate and informs you of your financial responsibility with respect to services received by our providers.

PATIENT RESPONSIBILITY

Patients or their legal representative are ultimately responsible for all charges for services received. We expect your payment at the time of your visit for all charges owed for that visit as well as any prior balance. Some insurance plans tell us exactly what you will owe at the time of your visit; in that case, we may request full payment for your share when you check out. Other insurance plans do not provide immediate information regarding patient responsibility; in that case, you may be asked to pay a deposit when you check out.

If you have an Annual wellness visit or physical exam but need or request additional services, we will charge you for those additional services if they do not fall under preventive services. All services provider to minor patients will billed to the custodial parent or legal guardian.

TYPES OF PAYMENTS

1. **Co-payments.** Insurance companies REQUIRE we collect your co-payment at the time of your visit. If you are not prepared to pay your co-payment, you may reschedule your appointment.
2. **Deductibles.** Most insurance plans require you to pay a predetermined amount (the "deductible") before insurance will cover certain charges. For most insurance companies, we are able to access your remaining deductible and help you understand what you owe for your visit so we can collect the amount due at the time of your visit.
3. **Co-insurance.** Some insurance plans require you to pay a certain percentage (for example 20%) of the allowable charge amount. For most insurance companies, we are able to access the details of your insurance plan, including your co-insurance amount and calculate the expected out-of-pocket cost for you. If we can determine that amount, we will ask you to pay your co-insurance at the time of your visit.
4. **Uninsured/Self-Pay.** If you do not have insurance or if the services provided are not covered by your insurance, payment for all services is due at the time of your visit.
5. **Out-of-Network.** We participate in most major insurance plans. You should contact your insurance company to confirm if your chosen provider is in network prior to making your appointment. If we do not participate with your insurance plan, you will be required to pay for your visit at the time of service. We may send a courtesy bill to your insurance company.
6. **Non-Covered Services.** It is your responsibility to contact your insurance plan to determine whether a particular service is covered. If you provide you non-covered services, you are expected to pay for the services at the time of your visit. Our billing office will assist you in attempting to resolve any appeals.

If you are a Medicare patient, we will inform you of any non-covered services prior to your treatment. You will be required to review and consent to services by using the Centers for Medicare and Medicaid Services (CMS) form CMS-R-131 Advance Beneficiary Notice (ABN).

INSURANCE

We ask all patients to provide their insurance card and proof of identification (such as a photo ID or Driver's license) at every visit. If you do not provide current proof of insurance, you may be billed as a self-pay patient. If you provide your insurance card(s) at a later time, we may be able to retroactively bill the services to your insurance carrier depending on the insurance plan's requirements and filing deadlines. We accept assignment of benefits for many third-party carriers, so in most cases, you will submit your charges for services rendered to your insurance carrier. You are expected to pay the entire amount determined by your insurance to be the patient responsibility. Keep in mind that our fees are for provider services only; you may receive additional bills from laboratory, radiology, or other diagnostic related providers.

You are responsible to:

- Know if a referral or authorization is necessary for office visits. (If a referral or authorization is required and you do not have it on file in our office, you may be billed as an uninsured patient).
- Check with your insurance plan to determine if prescribed testing (lab, radiology, etc) is covered under your insurance policy. (If you choose to have non-covered testing, we will require full payment at the time of your visit).
- Check with your insurance plan to review the schedule of benefits and whether a co-payment or deductible applies.
- Fully cooperate and provide necessary assistance for us to file any appeals with your insurance plan.
- Coordinate benefits if you have more than one insurance plan. You may be required to contact your insurance company to clarify which plan is primary or to correct any demographic or other issues.
- Arrive for appointments at required arrival time with all required documentation.

Insurance Verification. We will attempt to verify your insurance eligibility prior to your visit. If we are unable to confirm active insurance coverage, we will contact you regarding your insurance eligibility. If you are unable to provide information about other active insurance coverage prior to your visit, you will be required to either pay at the time of your visit or reschedule your appointment. For same day appointments, we will check eligibility when the appointment is made.

Outstanding Balances. After your visit, you will receive a statement for any outstanding balances. We will send out statements beginning when the balance becomes the patient's responsibility.

All outstanding balances are due on receipt. If you come for another visit and have an outstanding balance, we will request that payment for both the new visit and your prior balance. Your outstanding balances can be paid conveniently over the phone via credit/debit card. **If you have an outstanding balance for more than 90 days, your account may be referred to an outside collection agency and charged an additional collection fee of the balance owed, or whatever amount is permitted by applicable state law, in addition to the balance owed.** In addition, if you have unpaid delinquent account, we may dismiss you as a patient and/or you may not be allowed to schedule any additional services unless special arrangements have been made.

LATE ARRIVALS, CANCELLATIONS, AND NO SHOWS

Late arrivals. If you arrive late for a scheduled appointment, you may be asked to reschedule your appointment or wait for an open appointment time on that day's schedule.

Cancellations. We understand that life events beyond your control happen. If you are unable to keep a schedule appointment, please call at least one (1) business day in advance if possible. If we do not hear from you, we may consider you a no-show/no call appointment.

No-show/No call. If you miss your appointment, you may be charged a \$50 fee for a missed appointment. This fee will need to be paid before you are allowed to schedule another appointment. This fee cannot be billed to insurance. You may be dismissed as a patient following three (3) no -shows in a one-year period (365 days).

We strive to provide the best service as possible. Thank you for helping us run a better practice!

I have read and understand the financial policy.

Patient name: _____

Signature: _____ Date: _____