



FEMCARE OB/GYN Ltd

Office Policies

Insurance Coverage: When making an appointment with one of our physicians, it is your responsibility to confirm with your insurance company that the physician is currently in your network. It is extremely difficult for us and our doctors to be aware of the multitude of individual requirements for each patient's insurance plan. Each plan has its own stipulations regarding coverage therefore it is your responsibility to know your plan's benefit policies. If your plan requires that you have a referral prior to seeking a specialist, please contact your primary care physician so that you have your referral in hand at the time of your appointment.

Co-Payments: Co-pays are due at the time of visit. It is your responsibility to know if you have co-pay with your insurance plan.

No-Show Policy: If you are unable to keep your scheduled appointment, please notify us at least 24 hours in advance so we can accommodate our other patients. You may also reschedule your appointment at that time.

No-show policy is as follows: a 24- hour notice is required, if you must cancel your appointment. For your convenience, we confirm your appointment 48 hours in advance to allow enough time for you to cancel your appointment. There will be a \$25 fee charged for a missed appointment that has not been cancelled.

Check-In: We do our best to stay on schedule, so please arrive for your appointment on time. If you arrive more than 15 minutes past your scheduled appointment time, you will be rescheduled so that other patients are not inconvenienced..

Medical Records Policy: Each patient has a complete record of all medical care received at our office. Your personal medical record provides a history of treatment, medication and diagnostic information that enables your health care team to make comprehensive medical evaluations. We consider your record to be confidential. Therefore, information will not be released without your written consent, unless required by law. Copies of your medical record will be released to you or transferred to another physician upon written consent. The fee starts at \$25 and up depending on chart size.

Photo ID and Insurance Card: A valid photo ID and your most current insurance card must be available at the time of the visit in order to be seen. If you do not have your insurance card we will be unable to file your insurance and you will be responsible for the charges that day. You will be asked to update your demographics and insurance information at each visit so our records remain up to date.

Non-Covered Services: If you are coming in for a non-covered service, please be prepared to pay for the service in full at the time of service.

Deductibles: If you have not yet met your deductible at the time of your visit, you will be asked to pay that portion at your visit.

Medical Necessity: The doctors recommend a treatment plan based on your individual needs. You will be responsible for all charges incurred. If your insurance plan determines our visit is NOT MEDICALLY NECESSARY or denies coverage for your procedure, you will be responsible for payment in full.

Gynecological Exam: Any physical exam, lab work, or urinalysis may not be covered by your insurance company and the doctor cannot change the type of visit or the diagnosis after the services have been performed. Therefore, you are personally and fully responsible for any payment in full for these services rendered to Femcare OB-GYN LTD

After Hours/Weekend Medical Care: Some medical problems require treatment outside of normal office hours, including any prescriptions called in to your pharmacy. Any communication with one of our physicians outside of normal office hours may be subject to a charge not reimbursed by your insurance, which you will then be responsible.

_____ reviewed the above Femcare OB-GYN Office policy.

(Print Patient name)

(Patient Signature)

(Date)



FEMCARE OB/GYN Ltd

Labs, Tests, Mammogram, Ultrasound and services rendered outside of FEMCARE OBGYN Office Disclaimer

I _____ (Patient name First, Last)) understand that:

I am responsible to check with my insurance; for tests, labs, Ultrasound, Mammogram or any other service ordered by physicians at Femcare OB-GYN OB/GYN Office will be covered by my Insurance.

I am responsible to check if the place of service, for testing, Labs, Hospital, etc. where the services will be ordered by Femcare OB-GYN OB/GYN Office Physicians is under my Insurance Network.

I am responsible to pay any labs, ultrasound, mammogram and other services performed within and outside of Femcare OB-GYN OB/GYN Office, if my insurance does not cover the service.

In any such incidence of nonpayment of labs, ultrasound, mammogram and other services performed within and outside of Femcare OB-GYN OB/GYN Office; I will contact the place where the service was rendered to resolve the issue myself and NOT expect Femcare OB-GYN OB/GYN Office to do so.

Femcare OB-GYN OB/GYN Office and or Physicians are not responsible for any payment and/or charges if labs, ultrasound, mammogram and other services performed within and outside of Femcare OB-GYN OB/GYN office that are not covered by your insurance. This issue needs to be resolved between you, place of service and your insurance.

Normal results for all labs, ultrasound, mammogram and other services will be published on Patient Portal only

./ Patients will NOT be notified by phone for any Normal results.

./ If you are not on patient portal please contact front desk fo.r further assistance.

I have read and understand the information provided to me in this disclaimer.

Date _____

Print Name _____

Signature of Patient or Guardian _____