



Office Policies

We are pleased that you chose us for your care. This information is provided so that our patients are fully informed of our policies. Please read and sign it below.

Appointments: Patients are seen by appointment only. If you cannot keep your scheduled appointment, please call the office 24 hours in advance. **There is a \$75 fee for no show appointments.** You may have 1 adult support person at your visit and no children over 6 months of age are allowed.

Physician Assignment: **Switching between doctors within this practice is not permitted.**

Code of Conduct: Patients are expected to be respectful and courteous to staff and providers at all times. Disrespect towards staff or provider may result in termination of the physician-patient relationship.

Fees: Our fees reflect the level of care that you receive and the training of the physicians. Estimated amounts for services may be given, but the final amount may be different. **Many specimens collected in this office, including pap smears, are sent to outside laboratories that directly bill the patient or the patient's insurance. All pap specimens are sent to Pathology Reference Lab.**

Completion of Forms/Letters at Patient's Request: There will be a \$25 fee per form/letter for this service. You must complete all of the demographic information before bringing the form to us.

Assignment of Benefits: At each visit patients are questioned about any changes in their insurance coverage. **It is your responsibility to provide the correct insurance information; otherwise, you will be responsible for billed charges. We bill what is on file at time of service.**

Insurance: Your policy is a contract between you and your insurance company. As a courtesy we bill your insurance carrier, but you are ultimately responsible for the entire bill. If your insurance company doesn't pay the practice within a reasonable period, we will expect payment from you. If we later receive a check from your insurer, we will refund your overpayments. If your insurance plan determines a service is not covered, you will be responsible for the full charge. Co-pays, deductibles and co-insurance are required on the day of service. If we are out-of-network, you will be self-pay.

Prompt payment

After your insurance has reimbursed Women Partners in OB/GYN, we will send you a statement of your responsibility. The bill is payable upon receipt. As a last resort, we may turn the account over to a collection agency. If so, their fee of 50% of the outstanding balance will be charged to the patient.

I have read and understand these financial policies.

Patient or legal guardian signature

Date

Printed Patient Name

Patient date of birth