

GRACE GYNECOLOGY & WELLNESS, APMC

FINANCIAL POLICY

Thank you for choosing Grace Gynecology and Wellness, APMC as your healthcare provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment and is essential for the well-being of our practice. The following is our Financial Policy and Authorization to Release Medical Information, which we require that you read and sign before any treatment.

GENERAL PAYMENT REQUIREMENTS- Unless other arrangements have been made in advance with the business office, **FULL PAYMENT IS DUE AT THE TIME OF SERVICE**. All past due balances that were unpaid from my insurance, co-insurance, deductible, copays, or any outstanding non-covered charges for medical treatment must be **PAID IN FULL**. We accept cash, checks, and credit cards. A convenience fee may be assessed if using credit card payments.

- For surgery patients, any preoperative visit charge, deposit, or co-payment, based on insurance verification, is **DUE IN FULL AT THE PREOP VISIT. WE DO NOT ACCEPT CHECKS FOR SURGERY DEPOSITS, only cash or credit card.**
- For minor surgery procedures done in the office, any procedure charge, co-payment, or deductible based on insurance verification is **DUE IN FULL at the time of service. WE DO NOT ACCEPT CHECKS FOR MINOR SURGERY PROCEDURES IN THE OFFICE, only cash or credit card.**

For minors, the accompanying adult is responsible for full payment. For unaccompanied minors, non-emergent treatment will be denied unless there is payment at the time of service, unless insurance has been verified. Any applicable copays or coinsurance must be paid in full.

If for some reason your out-of-pocket payment was too much, we will refund the overpayment to you if in excess of \$3.00.

REGARDING INSURANCE- This office will file on your behalf insurance claims for services by the provider at Grace Gynecology and Wellness. You are responsible for verifying that we participate in your insurance plan, and you must present a **current copy** of the insurance card to each office visit. You will be responsible for payment if your health plan does not cover services or pay the balance in full. You will be responsible for payment of any difference between the insurer's determination of what we should be paid and our billed charges.

We participate in several health insurance plans and make every effort to understand the covered services under your plan. We also comply with the insurance pre-certification and verification process; however, this does not guarantee payment. If your insurance company denies payment, you will be responsible for the charges.

ASSIGNMENT OF BENEFITS AND RIGHTS- If you have health insurance or Medicare, your signature on this document evidences your agreement to irrevocably assign and transfer all right, title, and interest in any benefits payable under such programs to Grace Gynecology and Wellness, APMC. You agree to authorize and direct that any such payment be made directly to Grace Gynecology and Wellness, APMC. You further agree to irrevocably assign and transfer to Grace Gynecology and Wellness, APMC all your rights to pursue administrative appeals of denials of claims for benefits and to assert legal claims or causes of action that may arise against your insurer or health plan for the wrongful denial of claims for benefits. This transfer and assignment shall be for the sole purpose of granting Grace Gynecology and Wellness, APMC the independent right of recovery against your insurer or health care plan but shall not be construed as creating an obligation to exercise such rights.

PAST DUE ACCOUNTS- Open accounts with no acceptable payment* activity for **60 days** is considered **PAST DUE.** A monthly billing charge of \$5.00 may be assessed to the account balance along with a finance charge of 1.5% per

month until the balance is paid in full. You will be responsible for the original past due balance along with these additional charges.

COLLECTIONS- Open accounts with no acceptable payment* activity for 120 days will be automatically placed with our collection agency. If this action becomes necessary, you will be responsible for payment of the original balance plus any billing charges, finance charges, collection fees, and attorney fees and expenses incurred in collecting amounts owed.

(*acceptable payment is determined on an individual basis and agreed upon by the provider)

PLEASE NOTE: Pap smears results, biopsy results, and most lab testing (blood, urine, etc.) are billed separately by the reference lab who performs these tests. Also, there may be a charge for completing paperwork such as Disability forms, FMLA, and attending physician statements.

Both State and Federal Law require your physician disclose his/her ownership or financial interest in any healthcare facility or entity to which you are referred as a patient.

The following is a disclosure of the entities that the physicians for Grace Gynecology and Wellness, APMC have an interest in: Lafayette Surgicare- Mika M. King, M.D.

Thank you for understanding our financial policy. Please let us know if you have questions or concerns.

By signing this form, I acknowledge and agree to the requirements of the financial policy of Grace Gynecology & Wellness, APMC, and furthermore, I request that payments from my health insurance provider or Medicare be made to Grace Gynecology and Wellness, APMC.

Private Health Information will be released in accordance with Grace Gynecology and Wellness' Notice of Privacy Practices.

- I allow the release of medical information to third party benefit managers to verify insurance coverage, obtain prior authorization, and determine benefits for treatment.
- I understand that Grace Gynecology and Wellness uses electronic filing and prescribing.
- I acknowledge that Grace Gynecology and Wellness' Notice of Privacy Practices was made available to me.

Signature of patient or representative

date

Printed name of patient or representative

relationship to patient