FINANCIAL POLICY

Please be assured that everyone in this practice is dedicated to providing medical care of the highest quality possible to all our patients, in an atmosphere of caring, trust and mutual respect.

Your complete understanding of your financial responsibilities is essential; it takes a team that includes patient participation, to succeed with insurance processing and reimbursement. Failure by the insurance company to pay, results in the balance being transferred to the patient for payment.

Our practice policy requires that prior to any services being rendered; all patients must sign the practice financial policy.

In order to become a "provider" of medical services through your health plan, the physicians at North Georgia Women's Center are required to enter into a contract with selected insurance companies. Many such contracts stipulate that the physicians will not provide or charge 'Unnecessary medical service', as determined by the insurance companies. Past experience has shown that some 'health plans' have very different ideas then members, such as yourself, with respect to what is or is not 'medically necessary'.

This asserts your conviction that the described services rendered are appropriate and 'necessary' as far as you are concerned, irrespective of the determination of your insurance company.

In more recent years, it has become increasingly difficult to collect the fees rightfully due the provider for services rendered, in good faith, to their patients. To this end, we have found it necessary to be very explicit in our financial policies of this practice. All too often we are finding patients presenting to the office stating they have no form of payment for the services they are about to receive, we ask that you please present to the office with a form of payment to meet your obligations to your insurance provider and to your healthcare provider.

We thank you in advance for taking the time to review these policies and your understanding of our need to have in place such an in depth policy. Please feel free to discuss any concerns or questions you may have with any one of our billing staff or our practice manager. We would welcome the opportunity to assist you in your understanding the complexities of health insurance today.

Things to bring with you to each visit:

- Health insurance card – we are required to verify these with a government approved form of identification
- Driver's license
- Method of payment – for your convenience we accept credit cards, debit cards, and cash. We also offer financing through Care Credit.

Assignment of Benefits:

- We will only bill contracted insurance plans as a courtesy to our patients provided that the patient has provided the required insurance information in a timely manner and has signed a current financial policy.

Appointment cancellation, rescheduling, and no shows:

- Your appointment will be confirmed by our confirmation service, 48 hours before your appointment, allowing you time to cancel and reschedule, if you find it necessary. We offer a waiting list for patients who would like to be seen sooner than the appointment we were able to give them, and with our patients calling us and canceling in a timely manner allows us to accommodate other patients should there be such a need.

Initials _____

Additional testing:

- For preventative care exams, the provider may request you to undergo certain additional screening tests. Please contact your insurance company to determine if these are covered benefits to avoid incurring charges for which you will be held responsible.

Cash pay/Fee for service:

- We offer a reasonable discount for our cash pay/fee for service patients who have no health insurance coverage in any form. Please feel free to ask our front desk for a copy of this policy.
- Prior to your visit, you will be provided an estimate of the visit cost and will be required to paying full at time of check in on the day of your appointment. In the event your provider carries out additional procedures/test, you will be required to pay for these at the time of check out.
- You will be asked to sign a waiver stating that you have no health insurance coverage and will not be filing with any health insurance carrier.

Charges for copies of medical records:

- Medical records will be sent electronically upon completion of our medical records request form. There is no charge to send these electronically to another physician office regarding treatment.
- You will be charged for copies of medical records as per Medical Association, State and Federal guidelines. These charges cover the administrative costs of copying and mailing such records.

Co-pay and co-insurance:

- We are obligated to collect the co-pay at the time of your visit, even if you are sick. We are required to do so by your insurance plan. The co-payment amount is determined by your individual insurance policy. If you receive two different type of service on the same day, you will be asked to pay two co-pay amounts if required by your insurance plan.
- All payments are due at time of service.

Credit card policy:

- You will be asked to review and sign our credit card on file policy; including an authorization form. (The same process you would go through for hotels, rental cars, etc.)
- Your credit card will be billed for fees not covered by your insurance at the time we receive the explanation of benefits back from your insurance company that indicates the remaining patient responsibility balance.
- At the time we do this, we will call you to discuss this with you and will forward to you a receipt informing you that your credit card was used for payment.
- This will be used within 11 months of the date of service.

Deductibles:

- Some insurance plans require patients pay a predetermined dollar amount prior to services being covered. If verification of your deductible is unable to be made, payment of the full deductible is due at time of service.

Financial Hardship:

- For patients who are suffering financial hardship and are suggesting they are unable to pay for their healthcare, you will be required to prove such hardship and provide documentation per OIG (Office of Inspector General) guidelines and assessment made in relation to the current HHS poverty guidelines, before agreed financial arrangements.

_____
Initials

FMLA and other disability paperwork:

- There will be a charge per form ($15-$20) payable prior to completion of requested forms. Please allow the office 7-10 business days in which to review your medical records, complete forms, copy, and/or fax the requested information.
- Completion of our Patient Disability/FMLA Leave Form Guidelines and payment must be in advance of any paperwork being completed by the practice.

Health Savings Accounts/Healthcare debit cards:

- These cards carry high deductible and you are responsible for payment of all healthcare services in full at the time of service. If we are contracted with the health insurance with which you have this type of plan, we may only bill you for the full amount of our contracted allowable fee.
- We ask that you do not ask us to bill you for services rendered because payment is required in full at time of service.

Hospital admission related charges:

- Our fees do not include services rendered by the hospital or other attending physicians during any hospital treatment of surgery. You will be billed by those performing these services.

Insurance:

- We are contracted with multiple insurers to accept assignment of benefits. We will bill those plans with which we have an agreement and will only require you to pay the authorized co-payment, co-insurance, and deductible at time of service.
- If you have insurance coverage under a plan with which we do not have a contract, you will be treated as a cash pay patient and will be provided documentation to assist you in filing your claim.
- 48 hours' notice is required to verify insurance benefits and failure to notify the office with insurance changes or presenting without an insurance card may result in rescheduling of your appointment. If we are unable to verify your benefits should you have new insurance at the time of checking in for your appointment, we will ask that you pay for your visit.

Laboratory, radiology and other diagnostic services:

- Please check with your insurance company to verify what your schedule of benefits allows for any laboratory, x-ray, ultrasound or other diagnostic studies (bone densitometry, mammogram, etc.) that may be ordered by the doctor during your visit. These services are billed separately by the laboratory/diagnostic facility that performs these tests and are not covered by the payments you make at this office. Any insurance claims or problems associated with an off-site laboratory must be dealt with through that facility or their billing agent.

Medicare patients:

- Please make sure you have a full understanding of your Medicare benefits and what might be your responsibility if not covered by Medicare.
- *Your provider wants to diagnose a condition you may have or evaluate how well your treatment is working. To do so, he/she must have certain diagnostic tests performed. The provider will tell you what those tests are and why they are necessary.* Before your tests are performed, you may be asked to sign an Advanced Beneficiary Notice or "**ABN**". **Why do we ask you to sign the ABN**? We ask patients to sign an ABN whenever it is likely that you will be responsible for the bill. Please contact Medicare for a brochure that will help you understand the **ABN**.

_____
Initials

Medicaid patients:

- Please do not ask to be seen under Medicaid if you have other health insurance. You must be seen under your primary insurance. You will be asked to sign an insurance waiver stating that you have no other coverage **and in the event it is determined that you do and your claim is denied by Medicaid for this reason, you will be responsible for your bill in full**.
- Please ensure you bring your Medicaid card to each and every visit.
- In the event you do not bring your card, your visit will need to be rescheduled until such a time that we have proof of your Medicaid eligibility and coverage.

Out of network:

- Full payment is due at time of service.
- Appropriate claim documentation will be provided for filing with your insurance company.

Outstanding balances/Collections:

- Prior to providing additional services to you, payment in full of total outstanding balances will be required.
- Patients with unpaid delinquent accounts or accounts which have been sent to collections and written off to bad debt may be discharged from the practice.
- Outstanding balances that are greater than 30 days old may be referred to an outside collection agency. Once we receive an EOB (explanation of benefits) from your insurance, we will mail you a statement. If we do not receive full payment within 30 days, your account may be referred to a collection agency.

Patient responsibility:

- Minor patients – For all services rendered to minor patients, we will look to the accompanying adult or custodial parent or guardian for payment. We will not disclose any confidential information to the parent or guardian without written authorization from the minor.
- Understanding of benefits – it is the patient's responsibility to call their insurance company and find out what your schedule of benefits allows and what services they will and will not cover.

Payment responsibility:

- The patient or her legal representative is ultimately responsible for all charges for services rendered.
- 'Non-covered' means a service will not be paid under your insurance contract. If non-covered services are provided, you will be expected to pay for these services at the time they are provided, or at the time of receiving a statement or EOB from your insurance provider denying payment.
- Appeal procedures are generally available and we will be happy to assist you in trying to 'overturn' an adverse determination. **We will NOT under any circumstances falsify or change a diagnosis or symptom in order to convince an insurer to "pay" for care that is not covered, nor do we delete or change the content in the record that may prevent services from being considered covered.** We cannot offer services without expectation of payment and if you receive non-covered services, you must agree to pay for these services in the event your insurance company does not.
- If you are unsure whether a service is covered by your plan, ultimately it is your responsibility to call your insurance company to determine what your schedule of benefits allows, if a deductible applies, and your potential financial responsibility.

Phone appointments:

- If you need to discuss a healthcare issue or abnormal test results, you will be asked to schedule an appointment to see your provider. They are no longer able to do this by phone.

_____
Initials

Professional courtesy:

- Professional courtesy will NOT be offered in any form to our colleagues in the health related fields.

Referral for outside collections:

- Accounts which have not been paid according to the financial policy will be referred to an outside collection agency/attorney for further action.
- The patient's care with North Georgia Women's Center may be terminated and the patient may be required to seek an alternative medical provider.

Refunds:

- Refunds are issued to the appropriate party. Patient refunds will not be processed until all active or past due charges are paid in full.

Surgery and obstetrical fees – estimates/financial contracts:

- You will be given an *estimate of fees for these services,* bases on the physician's fee schedule, what your deductible, co-insurance is and at what percentage your insurance company covers for such services.
- You will be expected to pay, in full, the amount not covered by your insurance. An initial deposit will be collected from you at your initial financial consultation for these services and your bill must be settled in full on receipt of your statement after we have been reimbursed for the portion covered by insurance (surgery). For our obstetrical patients, your estimated portion of uncovered fees must be paid, in full, on or before your seventh month of pregnancy.

Uninsured patients:

- Payment for all services rendered is due at time of service. We do offer healthcare financing option for you through Care Credit.

Well woman/annual visit and problem/sick visit on same day:

- Some insurance companies will cover well woman/preventive/annual visits and some will not. It is your responsibility to know what healthcare benefits your insurance covers, prior to your visit. If you need to discuss any health problems that require evaluation and management, this must be documented and appropriately billed. Your insurance company may NOT pay for additional problems that are addressed during the well woman/preventative/annual exam. During your discussion with your provider, they will manage your problem first and ask you to make a separate appointment for your well woman/preventative/annual visit.

I understand and agree with North Georgia Women's Center Financial Policy.

_____
Patient signature

_____
Guarantor for minor patient signature

_____
Date