



## *Financial and Office Policy*

This is an agreement between Premier Women's Health (PWH)/Creditor and the Patient/Debtor named on this form. In this agreement the words "you", "your", and "yours" mean the Patient/Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we", "us" and "our" refer to PWH/Creditor.

**By executing this agreement, you are agreeing to pay for all services that are received.**

**Statements:** If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month.

**Payments:** Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid within 30 days. Any co-payments required by an insurance company must be paid at the time of service. Because this is an insurance requirement, we cannot bill you for these.

**Self-pay patients:** All self-pay patients are required to pay a deposit of \$150.00 before being checked in for their appointment. After the appointment is completed, the patient will be refunded any overpayment or charged any additional cost.

**Returned checks:** There is a fee (currently \$35.00) for any checks returned by the bank.

**Contracted insurance:** If we are contracted with your insurance company, we must follow our contract and their requirements. If you have a co-pay or deductible, you must pay that the time of service.

**Non-contracted insurance:** Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. We will bill your insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance.

**Referrals/authorization:** If your insurance requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to do so may result in a lower payment from the insurance company.

**Finance Charge:** A finance charge will be imposed on each charge on your account which has not been paid within 30 days of the time the charge was added to the account. The finance charge will be computed at the rate of one percent (1.5%) to the "overdue balance" of your account. The "overdue balance" of your account is calculated by taking the balance owed 30 days ago, and then subtracting any payments or credits applied to the account during that time. The minimum finance charge is \$0.50.

**Past due account:** If your account becomes past due, we will take necessary steps to collect this debt. We have the option to report your account status to any credit reporting agency such as a credit bureau.

**Waiver of Confidentiality:** You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if you're past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

**Divorce:** In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

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**Well Women vs. Problem Exam:** A well woman exam is when a healthy patient is seen to screen for various illnesses or diseases; this is considered preventive medicine. If a patient comes in to discuss any suspected illness or disease, this is considered a problem-focused exam. We provide services for preventive medicine as well as problem-focused medicine. Some insurance plans cover all office visits no matter what the purpose. Other plans will only cover a visit if you have a problem and some will only cover preventive medicine. Depending on your insurance plan you may be required to pay 2 co-pays when seen for both exams at the same time. Our verification staff is dedicated to ensuring that your visit is covered by your insurance or advising you otherwise prior to your appointment. In some instances, we might not be able to obtain this information. It is always a good idea for you to check with your insurance carrier to verify your specific benefits so there are no unexpected financial surprises at the time of your visit. Payment for services is ultimately **your** responsibility.

**Referrals:** Occasionally our physicians will need to refer you to another specialist. Our physicians offer recommendations based on their experience with the specialist. The specialist they recommend may or may not be an in-network provider with your insurance carrier. You will need to contact your insurance carrier to find out if that physician is in-network. If they are not you can: 1) choose to see a physician in-network according to your carrier or 2) see the physician we recommend out-of-network. The latter may require you to pay more money out of your pocket. If you have an HMO or POS policy you may need a referral to see another physician. Please let us know if you do and we will be happy to take care of that for you if your plan allows. If your insurance is one that will not let us do referrals, you will need to call your Primary Care Physician (PCP) and ask them to do this for you. Please note that if your carrier requires you to choose a (PCP) you must have selected one before any office can complete referrals.

**Laboratory Test:** Unless you instruct us to the contrary your labs will be sent to **LabCorp**. If your insurance requires you use **Quest, Lab One** or another lab not listed please be sure to inform the nurse at the beginning of your appointment. Remember that since we do send all lab specimens to an outside lab we do not charge for the actual test; the lab will bill you separately if your insurance does not cover them. If you are a self pay patient we will bill you directly for lab services sent to the outside lab, which will be Lab Corp. These services will be at our cost if you pay for them the day the lab(s) are drawn in the office. You may choose to have the bill sent to you once we actually receive the invoice from Lab Corp. If you choose this option there will be a 20% billing/service charge attached. If it is necessary to have labs sent to a specialty lab the services will be due at the time the lab(s) are drawn. You will be charged for shipping plus a 20% handling/service charge.

**Filing Claims:** Please be sure that we have your current insurance information and inform us of any updates or changes. If we do not have current information this will delay payment and possibly cause you to have unexpected expenses. You will be asked to fill out a new information profile completely every year. These profiles expire one year after being signed. You will also be asked to sign in with your name, address, and current insurance information each time you are seen in our office.

**Prescription Refills:** Prescription refill request will be handled within 24 hours of receipt during regular office hours. No routine prescriptions or narcotic pain medications will be handled after regular office hours or on the weekend.

**Result Notification:** We will make every effort to notify you of results whether they are normal or abnormal. There are two ways to receive normal results. First, Patient Online Access which is a secure website integrated with our Electronic Medical Records system which allows each patient to sign in and view messages posted by our office regarding results. Second, Healthy Notes that are completed in the office, sealed and mailed to patients home address. A phone call will be made to all patients regarding abnormal results. Please allow two weeks for result notification. **If you have not received notification of your results after two weeks, please call the office.** Sometimes, we have not received the results or there was a problem with the lab and we need to investigate this.

**Sensitive Testing:** At times your physician may find it medically necessary to test you for sexually transmitted diseases such as Gonorrhea/Chlamydia. We will make every effort to notify you when we feel this test is indicated. Please know that if we perform these tests on you, it is only to give you the best care possible.

**The Surgery Center at Craig Ranch:** Our physicians perform the majority of their outpatient cases at the Surgery Center at Craig Ranch. Please be advised that some of our physicians are investors in the center. If you do not wish to have your surgery there, please advise your physician and we will make alternative accommodations.

**Telephone Calls:** We must screen all calls to the doctors during office hours while they are seeing patients. If you have an emergency, explain to the operator the type of emergency you have and a nurse will either pick up your call or call you back within the next few minutes. Calls deemed “non emergent” will be handled by the clinical staff in the order received. If it is necessary to leave a message for the Doctor the call will be returned within 24–48 hours.

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**Transferring of Records:** You will need to request in writing, and pay a reasonable copying fee if you want to have copies of your records sent to another doctor or organization. Each patient is given one free copy of their medical records. If additional copies are requested the fee will be assessed. The amount of the fee is dependent on the number of pages we need to copy. Our charge is \$25.00 for the first 20 pages and \$0.50 for every subsequent page in accordance with state statutes.

**Appointments:** It is our goal to provide services to you in the most comfortable and timely manner as possible. In order to achieve this we must require you to be on time for your appointments. If you must cancel an appointment, we ask that you give us 24 hours notice whenever possible. Unfortunately, emergencies and deliveries do occur which occasionally causes delays in our schedule. We will try to keep you informed if these arise. Patients who are 15 or more minutes late will need to be rescheduled. Missed appointments with out notification will be charged a \$25 fee which will need to be paid prior to next appointment. If you miss three appointments without notifying us before the appointment time you will be dismissed from the practice. In order to ensure accurate records and true identity of all patients you will need to present your Drivers License or Identification Card, Insurance Card and Social Security Number at the time of your appointment. If you are unable to provide this information your appointment may be cancelled or rescheduled.

**Children:** Children are very special to all of us and we are always happy to see the “little ones”, but for their safety and the courtesy of other patients we must ask that you keep your children with you at **ALL** times while in our office.

I authorize PWH to examine me and perform those procedures necessary for prenatal and/or family planning care and/or women’s healthcare and/or general medical care. I understand the office will do their best to notify me prior to performing these tests. I understand that it is my responsibility to notify my provider at every visit if I do not want any tests performed. Procedures that may be performed include but are not limited to:

- Medical history and physical examination, including pelvic and breast examination
- Blood draws to screen for syphilis, anemia, rubella, diabetes, hepatitis, AIDS, HIV and other blood work determined to be necessary
- Urinalysis, urine pregnancy tests, urine culture and drug screens
- Gonorrhea/Chlamydia culture and pap smear
- Other appropriate lab work
- Neonatal screening
- Ultrasound
- Necessary Immunizations

The nature of the procedures has been explained to me and no warranty or guarantee has been made to me as to the result.

## **I UNDERSTAND THAT MEDICAL PROVIDERS AT PWH WHO WILL BE EXAMINING ME INCLUDE PHYSICIANS, CERTIFIED NURSE MIDWIVES AND NURSE PRACTITIONERS.**

- Advanced Nurse Practitioners are professional nurses educated to provide the full range of primary care services in the community and hospital settings. They are certified by the American Nurses Association or by nurse specialty organizations. They hold licenses from the state as Registered Professional Nurse Practitioners
- Certified Nurse Midwives are individuals educated in two disciplines of nursing and midwifery, which possess certification according to the requirements of the American College of Nurse Midwives. In addition, in the state of Texas, they hold license as Registered Nurses and Advanced Nurse-Practitioners. I understand that I may request to be seen by a Physician.

I have read this document and understand the policies and my fiscal responsibility.

Patient’s Name (Print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor’s Name (Print) (Minor patients only): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_