

**Office Financial Policy**

We would like to thank you for choosing All About Women's Care for your women's health care needs. As one of our patients, we would like to keep you informed of our current office and financial policies. We require a signature to document that you have read and understand these policies.

**DUE TO CHANGES WITHIN THE INSURANCE INDUSTRY WE CAN NO LONGER CONFIRM IF WE ARE IN YOUR NETWORK. WE ASK THAT YOU CALL YOUR INSURANCE TO VERIFY NETWORK COVERAGE PRIOR TO YOUR APPOINTMENT OR YOU MAY BE RESPONSIBLE FOR OUT OF NETWORK FEES.**

**Payment**

Payment is expected at the time of service. This is an insurance company rule. This includes co-payments or coinsurance for participating insurance companies. All About Women's Care accepts cash, personal checks, Visa, MasterCard and Discover. There is a service charge of \$35.00 for returned checks.

Patients with an outstanding balance more than 90 days overdue must make arrangements for payment prior to scheduling appointments. Patients are ultimately responsible for any charges or portion thereof for which payment is denied by insurance for whatever reason, except where prohibited by law or prior contractual agreement.

**Insurance**

It is the patient's responsibility to provide us with current insurance information and to present an active insurance card at each visit.

**Referrals**

If you must have a referral to a specialist, you are responsible to obtain it before your appointment.

**Billing**

Our current billing company is Compass Billing. You may receive written information or phone messages as part of their service agreement with our health care providers.

**Late appointments**

If you are more than 15 minutes late for your appointment you may need to be rescheduled.

**Canceled appointments**

If you are unable to keep your scheduled appointment, please call the office 24 hours before your appointment to reschedule. This will allow time to provide that time slot to another patient. We reserve the right to charge \$75.00 for appointments that are not canceled at least 24 hours in advance. We understand emergency cancellations may occur.

**Past Due Accounts**

If we have to turn your account over to collections, you will be charged interest on the outstanding balance from the date your bill was due, and you will be responsible for all costs and expenses of collection including, but not limited to reasonable attorneys' fees. Collection accounts may be subject to discharge from the practice.

**More Information**

Please call if you have a question about your bill. Most problems can be settled quickly and easily and your call will prevent any misunderstandings. If you are having trouble paying your bill, please discuss the situation with us. Satisfactory arrangements can almost always be made. Financial considerations should never prevent patients from receiving the care they need at the time they need it.

\_\_\_\_\_  
Patients Name

\_\_\_\_\_  
Date

If applicable:

\_\_\_\_\_  
Responsible party's name

\_\_\_\_\_  
Relation to Patient