

Highland Ob / GYN Clinic, P.A.

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HIGHLAND OB/GYN FINANCIAL POLICY

Thank you for choosing Highland OB/Gyn as your health care provider. We are committed to providing our patients with first rate medical care and excellent service. The following is a statement of our Financial Policy which we require you to read and sign.

Payment Responsibility

The patient or legal representative is ultimately responsible for all charges incurred. It is the patient or legal representative's responsibility to keep this office informed of any change in information. It is our policy not to discuss a patient account information or medical record with anyone other than the patient unless the patient gives prior written consent in accordance with HIPPA regulations.

Assignment of Benefits

Highland OB/GYN Clinic, PA will bill insurance plans that we are a contracted provider for as a courtesy to our patients if the patient provides the required insurance information, both primary and secondary (if applicable), and signs an assignment of benefits statement (located on the patient registration form). Your insurance contract is an agreement between you and your insurance carrier. Any deductibles, co-pays and coinsurance are **due at the time of visit**.

Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare program and/or other medical insurance.

All insurance recipients must present a valid insurance card at the time of service. If you do not have your insurance card then you will be considered a self-pay patient and payment will be due when you check in for your appointment. If your insurance company has not paid their portion of your claim in a timely manner, the balance will become your responsibility.

Medicaid for pregnant women will only cover visits related to maternity care. Family planning Medicaid only covers limited services which will be explained to you upon check-in.

Maternity patient will have their benefits verified at the New OB visit and a payment plan will be arranged to have the deductible and /or co-insurance paid before delivery.

If you deliver a male child and wish to have him circumcised, you must provide us with a copy of insurance coverage so that we can file for the procedure. If we do not receive proof of coverage, you will be responsible for the circumcision fee. Medicaid does not cover this procedure.

Please notify this office as soon as possible of any change in your insurance coverage or change in insurance carrier.

Missed Appointments - Unless cancelled prior to your appointment, our policy is to charge for missed appointments at \$25.00 . If three or more appointments are missed, you may be required to obtain medical care from another provider. Please help us serve you by keeping scheduled appointments.

Uninsured Patients/Non-covered Services

Payments of all charges, which are not covered by insurance, are due at the time of service. This would apply to deductibles, co-pays and coinsurance.

Verification of Information

All information provided regarding the ability to pay, third party insurance, employment, etc. will be subject to verification.

If you have insurance that is primary with Medicaid or Medicare as secondary, you must provide this information at time of service. If you fail to disclose your primary insurance your claim will be denied and the balance will be your responsibility.

Tricare recipients must bring their authorization if enrolled in Tricare Prime or will be required to pay deductible at point of service.

Payment Arrangements

If a patient is unable to make full payment of their balance due, payment arrangements may be made on an individual basis subject to verification of financial hardship. For large account balances we will be happy to arrange a short term payment plan. If a payment arrangement is broken, then your account will be subject to late fees and collection.

Statements

Monthly statements are sent detailing patient balances. If your balance is not paid after two statements, then your account will be charged a \$35.00 late fee and will be sent to a collection agency.

Payment Methods

Cash, check, money orders, Visa, MasterCard, are all acceptable payment methods.

Nonsufficient Funds (NSF)

If a check is returned for nonsufficient funds, you will be charged \$25.00 for each NSF check in addition to the amount owed. Your insurance will not cover this charge. Patients with checks returned due to nonsufficient funds *MUST* make future payments by cash, credit card or money order. Failure to do so may result in discharge from the practice.

Referral for Outside Collection

Accounts which cannot be collected after normal in-house collection efforts have been exhausted may be referred to a collection agency, magistrate or attorney for further collection action.

Refunds

Overpayments will be refunded to the appropriate party, normally the insurance company or guarantor. Patient's refunds will not be processed until all active or past due accounts are paid in full. These are normally refunded within 30 days.

If you have any questions regarding this policy, please contact our Practice Administrator for further clarification.

I have read and understand this financial policy. I agree to the terms outlined above.

Printed Name of Patient/ Responsible Party Date

Patient or Responsible Party Signature Date

Relation to Patient