

Dohr, Coll & Gadson Obstetrics and Gynecological Surgery
Practice Financial Policy

Thank you for choosing Dohr, Coll & Gadson OB/GYN as your health care provider. We are committed to building a successful physician / patient relationship and the success of your medical treatment and care. Your understanding of our practice Financial Policy and payment for services are an important part of this relationship.

The following Financial Policy explains your financial responsibility.

If you need further information or assistance regarding these policies, please ask to speak with the Practice Manager.

WHEN ARE PAYMENTS DUE:

- **ALL** patient co-payments and patient balance are due at check-in.

HOW DO I PAY:

- Cash, Check, Credit Card, Debit Card or Care Credit.
- All patients must have a Credit Card on file with the practice. Co-pays not paid at time of service will be charged to the card on file when the insurance EOB posts.
- **THE PRACTICE WILL NO LONGER BE SENDING PATIENT STATEMENTS FOR PAYMENTS DUE AT TIME OF SERVICE.**

WILL YOU BILL MY INSURANCE:

The practice bills your insurance as a courtesy to you. To properly bill your insurance, we require a copy of your insurance card. You are required to notify the practice with any changes to your insurance immediately. Ultimately you are responsible for services you receive at our practice if an insurance denial is received.

You are also required to notify the practice of any demographic changes such as address or phone number. You will be charged \$10.00 for patient statements that are returned as “undeliverable”.

WHAT INSURANCE IS THE PRACTICE CONTRACTED WITH:

The practice accepts **MOST** major insurance plans. However, with frequent changes that happen in the insurance marketplace, it is a good idea to check with your insurance carrier and the practice **PRIOR** to scheduling an appointment to make sure we are a participating provider with your plan. If your plan is out-of-network and you choose to be seen you will be responsible for full payment of services prior to being seen, as a courtesy your insurance will be billed, if the claim is paid by your insurance any remaining balance will be refunded to you.

WHAT IF I DON'T HAVE INSURANCE:

The practice does offer self-pay accounts. Services are paid in full at check-in.

WHAT IF I HAVE A BILLING OR INSURANCE QUESTION:

Our practice manager can answer any billing / insurance questions you may have.

WILL I RECEIVE A PATIENT STATEMENT:

You will receive two patient statements one month apart for patient balances after your insurance has paid their portion of the claim. All patient balances are due upon receipt of the statement unless other arrangements have been made with the practice manager.

Unfortunately, the practice **CANNOT** accept extended payment arrangements. Depending on the patient balance all services must be paid in full within 90 days of the provided service.

Accounts with unpaid balances greater than 90 days will be sent to an external Collection Agency. Delinquent account balances will result in the inability to schedule future appointments and may lead to discharge from the practice.

- If you do experience a financial hardship, a payment arrangement may be available, but only at the discretion of the Practice Manager.

NEW AND EXISTING OB PATIENTS:

Payments for OB services differ from Carrier to Carrier. Please contact the Practice Manager if you have any questions about what your insurance plan covers and how the insurance is billed.

- The patient is responsible for charges until their plan deductible has been met. Most plans apply either a co-pay, deductible or coinsurance amount for visits outside of the global billing package. These services include: 1) Ultra Sounds 2) NST testing 3) Regular visits for illness not considered to be OB related 4) Hospitalizations, if any occur prior to delivery.
- You **MUST** pay these balances in full at time of service when they are due. Once you deliver and your insurance has paid their portion your deductible or coinsurance **MUST** be paid within 60 days.

CIRCUMCISION:

Patients that request a newborn circumcision **MUST** contact the practice prior to delivery to let the biller know what insurance the newborn is covered under so this service can be billed. If we don't have that information on file, the mother / guarantor will receive a statement for this service.

I have read and understand the Patient Financial Policy of the Practice.

Signature: _____ **Printed Name:** _____

Date: _____