

## **FINANCIAL POLICIES AND PROCEDURES**

We are pleased to participate in your health care and look forward to establishing a lasting relationship as your health care providers. These policies and procedures will establish the expectations you will receive from our providers and what we expect from you as our patient. To create mutual understanding, we request that you carefully read and sign the financial policies and procedures of College Hill Obstetrics and Gynecology.

1. **Please arrive 10-15 minutes prior to your appointment** to complete the registration process. Please bring a photo ID, current insurance card, relevant medical records and a form of payment.
2. **Insurance:** Our practice participates with most major insurance plans. It is the patient's responsibility to be well-informed of their insurance benefits and the requirements therein, i.e. copays, deductibles, coinsurance, pre-existing clauses and any benefit exclusions. Medicare patients having surgery may be asked to sign an ABN.
3. **Insurance:** It is the patient's responsibility to provide our office with a current insurance identification card at each visit. If our office is not notified of updates or changes to your policy, you will be financially responsible for the entire amount due for that date of service.
4. **Copayments:** All COPAYS are due at the time of service.
5. **Procedures / Surgeries:** In the event of a scheduled surgery or procedure, during your pre-op visit our office will collect any co pays, deductibles and co-insurance determined by your insurance company. Out of pocket expense must be paid 3 weeks before surgery.
6. **Deductibles for OB Patients:** Prior to your first OB visit, we will meet with you to sign the Pregnancy Financial Policy to pay your deductible via monthly payments. You must pay a portion of your deductible prior to your first visit.
7. **Self-Pay:** Should you not have health insurance coverage, you will be responsible for paying your scheduled procedure balance prior to services. Any services that occur during that visit will be billed to the patient. Pathology and or lab charges that arise during the visit will also be the patients' responsibility. All Self-Pay OB patients are required to pay \$400 to cover the cost of the exam and lab and will sign the Pregnancy Financial Policy and pay their balance via monthly payments.
8. **Forms of payment:** We accept cash, checks, Visa, MasterCard, Discover and Care Credit. A fee of \$35 will be charged to the patient in the event of a returned check fee.
9. **Referrals / Preauthorization:** It is the responsibility of the patient to obtain any referrals and/or pre-certifications required by your insurance company prior to your visit. In the event a referral is required and not obtained, payment for services rendered will be the patient's responsibility at the time of service.
10. **Lab:** Based on the terms of your insurance policy, our office is required to utilize a contracted laboratory for your test results. In the event you receive a bill from that lab and have questions, please contact their office directly as we do not have access to the statement that the laboratory has sent you.
11. **Account balances / collections:** Accounts with a balance over 45 days old will be considered delinquent. Our office will attempt to collect this balance through statements and collection calls. Therefore, if for any reason, you are unable to settle your account within 45 day, it is imperative that you contact our business office to establish payment arrangements.
  - a. **It is important to note that any balance over 90 days old may be placed with a collection agency and/or credit bureau. If it becomes necessary to utilize an outside collection agency, you will be charged the amount for the collection fees, attorney fees, and allowable court fees. If you disregard our collection attempts, we can only assume that you do not intend to pay for the medical services that were provided to you in good faith, thus our professional relationship could be dissolved.**
12. **Prescription refills / after hour calls:** For non-emergent routine issues, i.e. prescriptions refills, test results, medication questions, we ask that you please contact our office between the hours of 9 a.m. to 4:30 p.m., Monday thru Thursday and 9 a.m. to 11:30 on Friday. Regarding prescriptions refills, you must contact your pharmacy to request any refills and they will in turn contact our office via fax or electronic prescriptions for authorization. Refills will not be processed after hours.
13. **Medical Record Request:** Due to HIPPA compliance, all request for copies of medical records must be in written form and signed by the patient. A fee will be assessed.
14. **FMLA / Disability Forms:** A fee of \$10 if paying cash or a fee of \$12.50 if paying via credit card will be charged to the patient for completion of FMLA, short term disability and creditor forms please be sure you have completed your portion of any form. Please allow 10-14 days for medical records request and disability forms.
15. **Effective January 1, 2019** any patient who fails to show or cancels an appointment with less than a 24 hours may be charged \$50. This will be billed to the patient and not insurance and is due at the time of the patient's next office visit prior to the visit. A patient may be terminated from the practice after 3 of these last minute cancels or no shows.
16. **Effective January 1, 2019** any patient who no shows or cancels a surgery with less than 24 hours may be charged \$150. This is billed to the patient and not insurance and is due prior to rescheduling surgery.
17. **Refunds:** Patient refunds of \$25 or greater will automatically be processed back to the credit card or mailed to the address on file. Amounts less than \$25 will remain on the patients account as a credit, unless a refund is requested.

Our practice believes that a good physician-patient relationship is based upon understanding and good communication. Questions regarding College Hill OB/GYN policies and procedures should be directed to our practice administrator. Please sign that you have read and agree to the financial policies and procedures.

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