

# *A Woman's View*

## Patient Insurance Information

The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services rendered.

- It should be noted that your insurance coverage is an agreement between you and your insurer. It is your responsibility to remit payment for charges not covered by your carrier, and to ensure your carrier remits payment for your account.
- Diagnosis cannot be changed based on insurance coverage. If you are seen for a specific problem or type of visit, we are required by law to “code” the visit according to what we did, not according to your insurance coverage.
- If your insurance company denies payment for pre-existing conditions or verification for coverage (such as student status), payment will become your responsibility if you do not provide this information to your insurance company.
- All insurance co-payments are due and payable at the time of service prior to being seen. There are no exceptions. This is in accordance with federal regulations.
- As a courtesy to you, if we are contracted with your insurance company, we will file claims with them. Once your insurance company has processed your claim, you are responsible for any balance due. If the insurance company later provides additional payments on your claim you will receive any appropriate refund in a timely manner.
- If we do not have a contract with your insurance company, payment is due in full when services are rendered.
- Once your insurance company has processed your claim, you will receive a statement for services which is due and payable within thirty days of the statement date. If your payment is late, or if you have not made financial arrangements, we will mail you a reminder notice indicating a problem with your account. It is imperative that you contact us immediately upon receipt of such notice.
- It is your responsibility to understand your plan guidelines regarding providers and hospitals that your plan is contracted with because employers do occasionally change their insurance plans, even if they do not change insurance companies. It is a good idea to contact your plan prior to scheduling an appointment to make sure that your plan has not changed since your last visit.
- It is important that we have accurate insurance information for all our patients. It is likely that you will be asked to show your current card on each visit. If you fail to provide your card, you will be required to pay that day any anticipated charges for the visit. If you are able to provide the card at a later time, we will refund any covered fees and file with your insurance company.
- In order to provide quality care, it is crucial that we have current contact information, including insurance information. If you are unable to provide this, we will not continue to provide healthcare services for you.
- We do not accept Medicaid retroactively. You will be responsible for those charges.

*A Woman's View* firmly believes that a good doctor/patient relationship is based upon understanding and open communication. Our staff have been instructed to make every effort to assist you in managing your account. We hope to avoid any disagreement over payment for professional services by clearly defining our policies at the onset. If you have any questions concerning this policy or need any assistance with your account in the future, please contact us immediately.

I have read the above financial agreement and agree to abide by the terms set forth in it.

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Patient Name

Date