

Financial Policy

1. Payment is due at the time of service unless other arrangements have been made prior to the visit. All co-pay amounts are due when services are rendered. A minimum of 50% will be required at the time of service for self pay accounts. For your convenience, the practice accepts both Visa and Mastercard.
2. Monthly payments of not less than 20% must be made on patient balances to keep the account current.
3. Women's Health Specialists, P.C. bills the insurance company as a courtesy, if an insurance payment is not received within 60 days, this bill may become the patient's responsibility.
4. Once an account has received three billing statements, and the patient has been unable to keep up with the payments, a collection notice will be sent. This notice will give the patient three payment options. While this account is open, future visits must be paid in full on the date of service. Any insurance payments received for that date will then be applied to the prior balance.
5. Failure to respond to the first notice within 14 days will result in a phone call attempt.
6. If no payment arrangements can be made, an additional letter will be sent. This will serve as notification that an additional late fee has been added to the account in the amount of \$25.00, and that this account has been sent to an outside collection agency. This account must be paid prior to receiving further care. However, this action could result in permanent dismissal from the practice.
7. In the event care is reinstated, future visits must be paid on the date service is provided. We will still bill the insurance company as a courtesy; however the patient must pay in full. If the insurance pays us directly, any refund due will be issued to the patient within 45 days.
8. All returned checks will result in a \$25.00 charge. We will attempt to redeposit one time if the financial institution states funds are available via a phone call.

I understand that a patient's financial obligation is an ongoing part of the physician - patient relationship. I have read and understand the above policy and agree to these guidelines. As a patient I am willing to do my part in keeping health care costs down.

Signature

Date

This will remain in your chart as a permanent record. A copy is available at your request. We appreciate you taking the time to read this over and sign.

William M. Long, DO, John F. Itnyrc, MD and Staff

Women's Health Specialists, PC
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