

## Financial Policy

**Our commitment** is to provide the very best care to our patients while recognizing the need to limit services to only those that are necessary for each patient. To meet this commitment, we recognize the need for a definite understanding and agreement concerning our patient's health care and financial arrangements for that medical care. Your clear understanding of our financial policies is important to our professional relationship.

*Please keep in mind that our office is an Obstetrics and Gynecology practice. There will be times when our doctors may be called out of the office unexpectedly. We appreciate your understanding and patience if this occurs during your appointment time.*

**Missed Appointments:** As a courtesy, we will make our best effort to provide you with a reminder call at least 24 - 48 hours before your scheduled appointment time. Please understand that your appointment is time that has been reserved for your needs and that your lack of attendance at that visit prevents others from receiving care at that particular time. To assist patients with gaining access to our physicians, we may charge a fee of \$30.00 for any office appointment not canceled 24 hours in advance. Please call our office during regular business hours if you need to reschedule your appointment. Messages left with our answering service for appointment changes or cancellations may not be delivered in time.

**Professional Fees:** Our fees for medical services are comparable to other similarly trained physicians in the community and reflect the complexity of your specific needs, the physician time dedicated to your care, the specialized nature of the doctor's training and education, supplies, and support costs associated with providing and coordinating your care.

**Patient Payments:** Co-payments, deductibles, services or medical devices not covered by your insurance plan and outstanding balances are due at the time of your appointment (per your contract with your insurers). Payment may be made by cash, debit or credit card. Ob-Gyn Partners does not accept personal checks for payments made in the office. Payment arrangements for up to six months may be available.

**Self-Pay:** Patients who are not billing a third party or health insurance company are required to pay at the time of service for office services rendered and will receive a discount on services based on the payment plan.

**Insurance Payments:** We participate with specific insurance plans in the area. When the correct insurance information is provided, we will submit your claims as a courtesy to you. Your insurance coverage is a contract between you and your insurance company. You are responsible for unpaid balances left on your account, regardless of the amount your insurance covered.

**Billing:** Please contact our billing office (303-789-1300) regarding questions about our fees, financial policies or your insurance coverage and your responsibilities. In the event that your outstanding balance is not paid by the due date stated on the bill, interest and fees may be charged; a re-billing fee of \$5 and interest added at 1.5% per month with a minimum charge of \$5 each month that your bill remains unpaid. Accounts outstanding more than 60 days may be referred to a collection agency unless prior written agreement has been made. Checks returned by your bank for any reason will incur a \$30 charge.

**Referrals/Authorizations:** It is your responsibility to obtain any referrals or authorizations required by your insurance carrier prior to services being rendered. Failure to obtain required referrals or authorizations will result in you being responsible for the full balance for services rendered.

**Release of Information:** Ob-Gyn Partners reserves the right to release any information required in the processing of all future claims. The patient should also understand that by requesting a signed doctor's note for services rendered, you thereby give Ob-Gyn Partners the right to speak to anyone who inquires to the validity of that document. Ob-Gyn Partners requires a signed consent to release information to any other outside entity.

**Prescription Refills:** For all existing prescriptions, it is the responsibility of the patient to contact their individual pharmacy to request a refill. Upon receipt of the refill request from your pharmacy, please allow 24 hours for authorization. Refill requests received after 3 PM will be considered to have been received the following business day and will not be handled after hours or on weekends. For all new prescriptions or changes that may require a call-in to the pharmacist, our office requires 24 - 48 hours for completion.

**Test Results:** Please allow 7 - 10 business days for test results to be processed. While certain tests require more time to process than others, we do strive to have your test results back to you in a timely manner. Return phone calls regarding routine issues will be made within 24 - 48 hours.

**Medical Forms:** The completion of disability forms, attending physician statements (FMLA) and other supplemental insurance forms require additional physician and staff time. A fee of \$20.00 may be charged for the first two sets of forms. Additional sets may be charged separately.

**If it becomes necessary to refer your account to a third party collection agency, you will be obligated to pay any fees or costs incurred. A \$30 collection referral fee will be added to your account and interest of 1.5% per month (18% per year) will be added to your account monthly until the balance is paid in full. Additional costs may be charged to your account. These include, but are not limited to, those for convenience fees, investigative services, third-party participation, legal filing, attorneys, Court, and collection service whether paid per account or as a percentage of the amount assigned and collected.**

I have read and agree to the above policies and responsibilities. I authorize payment directly to Ob-Gyn Partners for medical benefits. I agree to pay any and all charges that exceed or that are not covered by my insurance. I authorize Ob-Gyn Partners to release my medical records and all medical information requested by my insurance company.

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Signature

Printed Name

Date