



## FINANCIAL POLICY

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PATIENT NAME (please print)

Chart/Account Number

**We are committed to meeting your health care needs. Our goal is to keep your insurance or other financial arrangements as simple as possible. In order to accomplish this in a cost effective manner, we ask that you adhere to the following guidelines:**

1. You are ultimately responsible for payment of charges for services you receive from our office. Any check payment dishonored by your bank may result in a \$25 returned check charge being added to your account.
2. It is your responsibility to provide us with your current address, telephone number, and insurance information at each visit.
3. It is your responsibility to contact your insurance carrier to confirm that our physicians participate on your plan. If you see a doctor that is not currently on your plan, you will be responsible for payment in full.
4. If your plan requires a referral it is your responsibility to obtain this prior to being seen by the doctor. If we are required to obtain the referral for you, please notify our office 72 hours prior to the specialist visit so that we have ample time to acquire this information from your insurance company.
5. All co-payments are due at the time of service. A \$25.00 service fee will be charged for failure to pay the co-payment at the time of service.
6. If you miss your appointment, you may be charged a NO-SHOW fee of \$25 for each appointment missed.
7. Laboratory services may be provided by a contracted outside reference lab. Lab charges not covered by your medical insurance will be billed to you, an independent lab billing service. I accept responsibility for valid lab charges not covered by my medical insurance plan.
8. All medical record requests must be in writing and received in our office 72 hours prior to the date needed. Records over 10 pages will only be mailed, not faxed and all medical records requests will have a **fee** based on the number of pages. The usual range of fees for this service is \$10-\$50, however, very large files may actually require a fee greater than \$50.
9. **GYN:** Our office collects an optional Administrative Services Fee (ASF) of \$15 annually for gynecological visit. The fee would provide unlimited use of services, no matter how many times you call or visit the office. If elected, the ASF will be effective for a 12-month period from the date you signed. The ASF is intended to cover the cost of certain administrative services we may provide that are not covered by your insurance. You are not required to pay the ASF; however, if you choose not to pay the optional fee, you will be charged for all non-covered administrative services, as needed. A list of our administrative services with associated fees is listed below.

10. **OB:** Our office collects a one-time, optional Administrative Services Fee (ASF) for Obstetrical patients, of \$75.00 (*payable before 7<sup>th</sup> month into delivery*). The ASF is intended to cover the cost of certain administrative services we may provide that are not covered by your insurance. You are not required to pay the ASF; however, if you choose not to pay the optional fee, you will be charged for all non-covered administrative services, as needed. A list of our administrative services with associated fees is listed below.

## Administrative Services Fees (ASF)

**Services you are responsible for paying as needed and/or requested basis. Includes but not limited to:**

1. Completion of all patient requested forms, letters and/or documents requiring the physician's signature; which also include administrative forms requested by third parties, (excludes your insurance company and/or another physician) will be provided to you at **\$75 per form**.

Examples of forms you the patient may request us to complete and provide:

- a. School
- b. Adoptions
- c. Camp
- d. Foreign Travel
- e. FMLA (Family Medical Leave Act)

It is standard for most employers to require (1) or more disability forms to be completed prior to taking maternity leave.

2. Computer-generated reports (claims, statements, payment history, etc.) patient requests, will be charged up to **\$15 per report** provided. These reports are sometimes needed for flex benefit plans and/or yearly tax needs.
3. The ASF does NOT include medical records copying and forwarding of medical records.

- I accept the Financial Policy that includes payment of the ASF. If elected, the ASF will be effective for a 12-month period from the date signed.**
- GYN PATIENTS: I accept the Financial Policy, but choose NOT to pay the ASF. I understand that I will NOT be given a chance to pay this ASF fee at a later date during the 12-month period from the date signed.**
- OB PATIENTS: I accept the Financial Policy, but choose NOT to pay the ASF.**

\_\_\_\_\_  
**PATIENT SIGNATURE**

\_\_\_\_\_  
**DATE**

**REMEMBER,** if you choose NOT to pay the ASF fee today, you will be charged the administrative services when you request them.