

**SOUTH ARKANSAS WOMEN'S CLINIC, PLC
OBSTETRICS AND GYNECOLOGY**

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FINANCIAL POLICY

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions about the policy, please discuss them with our office staff. We are dedicated to providing the best possible care and service to you and regard your complete understanding of our financial responsibilities as an essential element of your care and treatment.

Unless other arrangements have been made in advance by either you or your health coverage carrier, ***full payment is due at the time of service.*** For your convenience we will accept VISA, MasterCard and Discover cards. Your insurance policy is a contract between you and your insurance company; the doctor is not involved.

As a courtesy, we will file your insurance claim for you if you assign the benefits to the doctor. In other words, you agree that your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable length of time, we will have to look to you for payment.

We have made prior arrangements with many insurers and other health plans to accept an assignment of benefits. We will bill those plans for whom we have an agreement and will require you to pay the authorized co-payment, or possibly co-insurance and deductible at the time of service. It is your responsibility to be aware of your benefits through your health plan.

All health plans are not the same and do not cover the same services. In the event your health plan determines its service to be "not covered," you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office. If you do not agree with your health insurance's decision, you will need to contact them directly.

For all services provided in the hospital, we will bill your health plan. Your benefits will be reviewed and a deposit may be required prior to surgery. It is your responsibility to determine which hospital is a covered facility with your insurance company. Any balance due is your responsibility and is due upon receipt of a statement from our office. Lab services provided will be billed separately by the lab.

Obstetrical Policies: We will verify your benefits with your health plan and set up a payment plan. We will require a \$100 deposit from insured patients and \$200 deposit from uninsured patients at your first OB appointment. We require the patient portion of obstetrical charge to be paid in full by the seventh month of pregnancy. We will file your insurance carrier after delivery.

For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent or custodian with custody for payment.

I have read and understand the financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

Signature of Patient or Responsible Party if Minor

Please Print the Name of the Patient

Date