

PHC LAKE NORMAN OB/GYN Financial Policy

Welcome to PHC Lake Norman OB/GYN! Thank you for choosing us as your health care provider. Our main concern is that you receive the proper and optimal care needed to maintain/restore your health. Therefore, if you have any questions or concerns about our financial policies, please do not hesitate to speak with our billing staff.

Please present your current insurance ID card at each visit so we can avoid filing errors. If you do not have your current insurance card at time of visit we may have to reschedule your appointment. If at anytime your insurance should change, especially during pregnancy, our office must be notified immediately of the change to accurately file claims. **IF WE DO NOT RECEIVE YOUR CURRENT INSURANCE INFORMATION AND CANNOT FILE THE CLAIM IN THE NECESSARY TIME AS MANDATED BY YOUR INSURANCE COMPANY YOU WILL BE RESPONSIBLE FOR ALL CHARGES.** In the event we do not participate with your insurance plan you will be responsible for the entire bill.

As a service to you, our office makes every reasonable effort to obtain payment according to your coverage. Regardless of the type of insurance you have, you are ultimately responsible for paying your medical bills. If your insurance company rejects the claim or denies payment, the office will bill you after 30 days for those charges. It is, at all times, your responsibility to know your benefits, follow up on all requests from your insurance company regarding claims and to question your insurance company about any unpaid claims. Unresolved balances may be placed with an outside collection agency and may also be subject to finance charges, attorney fees and collection agency fees.

If you need to cancel an appointment we ask for you to give us a 24 hour notice, or we reserve the right to charge you for your missed appointment. We also reserve the right to dismiss you from the practice if you have three visits that have not been cancelled with a 24 hour notice.

All co-payment and deductible amounts are due and should be paid at time of service. This policy is in accordance with legal requirements for collecting patient responsibility amounts. If you are unable to pay your co-payment we may ask that you reschedule your appointment. If you still choose to be seen without paying your co-pay an additional \$20.00 financing fee will be charged.

The responsibility of payment for services rendered to any dependent children whose parents are divorced or separated is with the parent who seeks treatment. Any court ordered responsibility judgment must be determined between the individuals involved without the inclusion of our office.

Failure to provide necessary referrals and/or authorizations will result in all charges for services becoming the sole responsibility of the patient/responsible party.

Our practice accepts Visa, MasterCard and debit cards for your convenience. We also accept personal checks (not starter checks) and cash.

Authorization:

I agree to abide by the terms of the above financial policy and accept responsibility for any balance not covered by my insurance company(s). I authorize my insurance company(s), attorney or other parties to pay PHC Lake Norman OB/GYN and/or provide any information regarding payment of my bill. If my account becomes delinquent, I agree to pay all costs incurred in collecting the account, including any necessary attorney fees.

I authorize PHC Lake Norman OB/GYN to administer medical care as is necessary, including allowing release of records or medical reports on my physical condition to any party involved in my treatment.

I agree that I have fully read and comprehend the statements made above in this financial policy and agree to all terms.

Signature: _____ Date: _____

Print Name: _____

Relationship to Patient: _____

Office Use Only: Entered by: _____ Date: _____ Chart# _____