

Financial Policy

Account: _____

Women's Care Center is committed to providing you the best possible medical care. In order to better serve you we have adopted the following financial policy. Please familiarize yourself with this policy and direct any questions you may have to our business office staff.

1. We participate with most insurance plans. If you are unsure whether your insurance is one with which we participate, please refer to the provider list supplied by your insurance company or call the customer service number on your insurance card. Please remember that you are responsible for any bill or portion of a bill that is not paid by your insurance company. If your insurance plan requires a referral you must have your referral with you at your visit. If you are unable to obtain a referral, you will be asked to reschedule or be responsible for your bill in full.
2. We are obligated by contract to collect co-pays at the time of service. If you are not sure you have a co-pay or do not know the amount, please contact your insurance company at the customer service number listed on your ID card. Please plan to pay any insurance deductibles and coinsurance at the time of your visit, as well as any balance due on your account.
3. Because of the many insurance plans on the market today, it is nearly impossible for us to stay well informed about each individual policy. It is your responsibility to know what your insurance will and will not cover and to ensure that your insurance company abides by the plan you have.
4. If you do not have health insurance, we require payment in full at the time of the visit, unless other arrangements are made in advance. If you are an obstetrical patient without insurance we require a \$1000 deposit at your first prenatal visit and payment in full by the eighth month of pregnancy. Obstetrical patients will meet with the business office prior to their first prenatal visit to discuss benefits and a payment plan.
5. It is your responsibility to inform the office of any insurance changes so that we may file your insurance in a timely manner. You will be responsible for your bill if we do not receive the correct information in time to file with your insurance carrier.
6. Surgery patients may be required to pay a pre-surgical deposit, the amount of which depends on your coverage, deductible, and coinsurance at the time of the procedure. The business office will notify you of your responsibility prior to your procedure.

Please remember: Your insurance is a contract between you and your insurance company. You are personally responsible for any bill, or portion thereof, not paid by your insurance company.

I have read the above and understand my financial responsibilities in exchange for the medical care provided by Women's Care Center, PLLC.

Name (Print): _____ Date of Birth: _____

Signature: _____ Date: _____