

## Embrace Advanced Gynecology and Wellness

Thank you for choosing us to provide healthcare for you. Our staff is committed to providing you with the best medical care possible and to assisting you with the administrative process. The following is an overview of our office policies. **PLEASE READ AND SIGN.**

### The following applies to every visit:

- ✓ **Bring your insurance card and a photo ID.**
- ✓ **Be prepared to pay your co-pay and deductible. We accept cash, check, MasterCard and Visa.**
- ✓ **For medical care not covered by your insurance, payment in full is due at the time of your visit.**

### INSURANCE:

Our office participates in a variety of insurance plans, which we will file with your insurance company. We cannot bill your insurance company without the proper information. Please make sure all of your insurance information is up to date, including your address and phone numbers.

### REFERRALS:

As a specialty office we see new patients with a referral from their primary care physician. Many insurance plans also require your primary care physician to make the referral to the specialist. To avoid delays, please call our office prior to your appointment to confirm we have the referral or bring any required referral for treatment at the time of your visit. If you do not have a referral your visit may be rescheduled or you may be financially responsible.

### COPAYMENTS and DEDUCTIBLES:

All co-payments and deductibles for office visits are due at the time of check-in. Co-payments and deductibles for surgery will need to be paid at the time of your pre-operative appointment. If your insurance plan changes from the time you see the physician for the pre-operative visit and/or surgery, please notify our office so necessary changes can be made prior to your surgery. You will be financially responsible if this is not done.

### SELF PAY:

Patients without health insurance are required to pay at the time of service unless other arrangements are made prior to your visit. If you are unable to pay in full for necessary medical care at the time of service, our *Patient Accounts Representative* will assist you in setting up a payment plan.

### BILLING:

Statements will be mailed monthly and the payment is due within 30 days. If you have not paid your bill, or have not arranged for a payment plan, we may ask for the assistance of an outside collection agency. If your account is turned over to a collection agency, you will be dismissed from our practice. We will try to work with you to avoid this.

### RETURNED CHECKS:

The service charge for returned check collection, regardless of the amount of the check and the reason for the return is \$30.00

### NO-SHOW / CANCELLATIONS:

**To cancel or reschedule, please call 48 hours prior to your appointment. You may receive a \$20.00 charge for failure to keep an office visit appointment. On missed procedures in our office, you may be charged \$50.00. This fee will be your responsibility, not your insurance's. Failure to call us in a timely manner results in other patients who need to see the physician being denied access to an appointment. Please notify our staff if you have any questions.**

### I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THESE OFFICE POLICIES:

\_\_\_\_\_ Signature of Patient and/or Responsible Party

\_\_\_\_\_ Signature of Witness

\_\_\_\_\_ Date