

## FINANCIAL POLICY

Our financial policy is to collect payment (patient financial responsibility) in full for copays, coinsurance, and deductibles. Please be prepared to pay your portion at the time of service. We accept cash, numbered checks (starter checks not accepted), Master Card and Visa.

Consultations and ultrasounds performed at a specialist office or any office outside your obstetrician's office is **not** included in you prenatal package. Any charges for these services will be billed separately and patients are responsible for any copays, coinsurances and deductible payment, if decided by your insurance company.

As a *courtesy*, our office will bill your charges to your insurance company. The insurance company will send payment directly to this office. In the event a patient overpays at the time of service, refunds will be issued to the patient after we receive payment from the insurance company. This may take 30-60 days following the final insurance payment. Checks are written at the end of the month and will be mailed directly to the patient or person who paid for the services.

In the event you have an insurance carrier that we do not participate with, you may be required to pay for the services in full at the time of service. If the patient receives the check it is agreed that the patient/guarantor will sign the check over to Maternal-Fetal Medicine Associates, P.C. upon receipt.

Any balances remaining after insurance payment is billed to the patient and due in our office within 30 days. Any balances unpaid after 30 days will accrue a rebill fee of \$20.

By signing this form I agree to the above information and agree to abide by this policy.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

FAILURE TO SIGN THIS FORM WILL RESULT IN CANCELLATION OF APPOINTMENT.

REVISED 01/17/2013