

BROOKHAVEN MEDICAL WOMEN'S CENTER

FINANCIAL POLICY

Thank you for choosing Brookhaven Medical Women's Center. We are committed to giving you the best medical advice we can. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require that you read, agree to, and sign prior to treatment.

ALL CO-PAYS, COINSURANCE, AND DEDUCTIBLES ARE DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECK, VISA, MASTERCARD AND DISCOVER.

REGARDING INSURANCE

You are responsible for all fees regardless of insurance coverage unless we are a contracted provider with your insurance, in which you are given a preferred provider discount. **It is the patient or guardian's responsibility to determine if the doctor you are seeing is a contracted provider for your insurance.** Payment for services not covered by your insurance will be billed directly to you. We file insurance as a courtesy to you. It is your responsibility to see that your insurance pays accordingly. Therefore, if your account has not been paid within 60 days, it will be up to you to contact your insurance company. Any outstanding balance, 90 days from the date of service, will be due by you. At the time of your visit a copy of your insurance(s) cards will be made. **Should you fail to bring your card(s) with you, you will have to reschedule your appointment.** Insurance companies have a claim deadline so failure to provide us with **correct** insurance information at the time of service will result in you being responsible for the entire bill. You will be responsible for filing your own insurance. **Co-pays are collected prior to treatment.** Failure to pay co-pays may be reported to your insurance company, which could result in coverage being terminated. Again, please remember that you are ultimately responsible for your medical bills. **I understand if I allow my coverage to lapse for any reason, I will be solely responsible for all charges at the time I became ineligible.**

AUTHORIZATION/REFERRAL

If your insurance plan requires you to have a "PCP" primary care physician, then it also requires an authorization or referral be issued by your "PCP" in order for you to see a doctor in our office. It is the responsibility of the patient to make sure your "PCP" has issued the authorization or referral. **Without exception, we will not be able to see you in our office if an authorization is not received from your PCP by the time of your visit.**

MEDICAID/SOONERCARE

It is our policy that all OB patients planning to file for medical assistance through the state, must do so by their twelfth(12) week of pregnancy. You must present your insurance card by your twelfth(12) week appointment. We will not accept Medicaid/SoonerCare after your twelfth week of pregnancy.

LABORATORY AND RADIOLOGY SERVICES

Many insurance plans have contracts for radiology and lab services with only a select list of hospitals and clinical laboratories. If the incorrect hospital or laboratory is used, the insurance company will not pay for the service; and you, the patient or guardian will have to pay for the entire bill. Therefore, we expect that you educate yourself as to which hospital or laboratory your insurance requires. It is the responsibility of the patient, **not Brookhaven Medical Women's Center**, to clearly provide this information to clerks and technicians when radiology tests are requested. It is the doctor's responsibility to medically recommend the various test, but the site at which these tests may be completed is completely in the hands of the patient or guardian and the insurance company.

MISSED/RESCHEDULED APPOINTMENTS

Any appointment that is rescheduled or missed 3 or more times will be assessed a \$25 charge that will need to be paid before another appointment is made.

RETURNED CHECKS

A fee of \$27.00 is charged for all checks returned from a bank unpaid.

STATEMENT OF AMOUNT DUE

Statements are mailed out the first of every month. A statement is printed for everyone who has a balance regardless of insurance coverage. If your balance becomes 60 days past due, please contact your insurance company to follow up on the claim. If your balance becomes 90 days past due, it becomes your responsibility for the payment. If payment is not received after 90 days, further action will be taken.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. A copy of this policy is available at the request of the patient or guardian.

I HAVE READ, UNDERSTAND, AND AGREE TO THIS FINANCIAL POLICY.

Patient Name/Guardian

Date