

## **Financial Policy & Agreement**

We recognize the need for a definite understanding between you and your physician concerning healthcare and the financial arrangements for this medical care. Our commitment is to provide the very best healthcare to our patients while recognizing the need to limit services to only those medically necessary. The responsibility for payment of fees for these services is the direct obligation of the patient. Any financial payment you may receive from private insurance or government agencies is a matter strictly between you and the insurance carrier or government agency.

### **Updating Information:**

Please be sure we have the most current demographical and insurance information at all times. It is your responsibility to provide us with this information. The information you provide us must match the information you provide the insurance carrier. Filing insurance claims with the wrong information delays processing and may increase patient's financial responsibility. Please note, if you fail to provide us with correct insurance information, we will not re-file a claim to the correct insurance after 30 days and the balance will become your financial responsibility.

### **Insurance:**

You must realize that your health benefit plan is an arrangement between you, the enrollee and the insurance company, HMO or your employer. While we will try to be helpful, and we may participate in the plan, your health benefit plan determines your coverage, any requirements for prior authorizations or referral establishes the limit on your coverage for medical services. We cannot know the benefits and exclusions of each patient's policy. It is the patient's responsibility to know and understand her coverage and benefits. We will seek to obtain verification of your eligibility, however, even when such eligibility and/or benefits are verified, your insurance plan will not guarantee the accuracy of their confirmation of coverage or benefits, and that you are eligible and that your benefits are in force. It is also your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals from primary care physicians, pre-certification, limits on outpatient charges, specific physicians and/or hospitals to use. You should be knowledgeable of any deductibles, co-payments and/or coinsurance. You agree to accept responsibility for co-payments, deductibles, and medical care and other services that are provided to you which are not specifically covered by your insurance plan or not covered due to the absence of authorizations/referrals you are obligated to obtain under your insurance plan. The services, plans, and benefits under your insurance plan may be subject to and governed by applicable contracts and government regulations. This agreement is not intended to conflict with or circumvent the provisions of such contracts and regulations, including any provision regarding grievance procedures that maybe available to you.

### **Non-covered charges:**

A non-covered service is any service that is denied by your insurance carrier due to benefit descriptions or limitations, policy exclusions, or pre-existing waiting periods. Non-covered services will be the responsibility of the patient and payment is due at the time of service.

### **Well women vs. Problem exams:**

A well women exam is when a healthy patient is seen to screen for various illnesses and diseases; this is considered preventive medicine. A problem visit is one where the patient has a specific concern, symptom or complaint. Some insurance carriers only provide benefits for prevention while other may only provide benefits for problems. We recommend you contact your insurance carrier prior to each visit and inquire about the type of benefits you have. Once a claim has been submitted to your insurance carrier, the office will not change the coding in order to circumvent an insurance denial.

### **Referrals/Authorizations:**

Should your insurance carrier require a referral or authorization, it is your responsibility to obtain or request one prior to your appointment. Please note, some insurance carriers will not allow your OB/GYN physician to issue a referral. In this case, you will need to consult your primary care physician (PCP). The office will not issue a referral or authorizations for a service already performed or back date a referral or authorization.

### **Bills from Hospital and Labs:**

When you have a pap smear, any type of blood work or a culture or biopsy, the specimen is generally sent to an outside lab or hospital for analysis. When this occurs you may receive a separate bill from that entity. If you were seen in the hospital or the Emergency Room, please be aware that you will receive a separate bill for services provided.

### **Returned Checks:**

If you make a payment by check to the office and it is returned to us for any reason, you will incur a fee of \$25.00. Additionally, no appointments or services will be provided for non-emergent care, until the balance is paid in full.

### **Prescriptions:**

This practice provides prescriptions that are medically necessary and appropriate in your treatment. It is your responsibility to promptly fill the prescription. Our policy for medication refills is as follows: You must call your pharmacy and have them fax a refill request to our office. Please allow 48 hours for refill requests to be fulfilled.

**Billing:**

This practice will invoice you or your insurer. Please be advised that in Utah State a health insurer is required by regulation to pay its claims within 30 days, therefore, should your insurer fails to do so, they are in violation of the regulations of the State of Utah, and you should contact the State of Utah Department of Insurance, as you may have a recourse against your insurer for their failure. Your insurance may ask for additional information from you before they are able to process your claim. Please call them or fill out any forms which they may send to you and return them as soon as possible. Any delay on your part, will result in us turning your account to patient responsibility.

**Statement:**

It is your responsibility to make all co-payments at the time of service. You know the co-payments in you health benefit plan. Should you fail to make co-payments at the time of the visit, this practice will invoice you for that co-payment, and a \$10 statement fee will be added as the cost of handling and billing for this obligation of yours.

**Past due accounts:**

It is our intention to maintain all patient accounts in our office. However, if your account becomes past due the office will take the necessary steps to collect this debt. We have the option of sending your account to a collection agency or to an attorney, reporting your account to a credit reporting agency or submitting a claim to the appropriate court.

**Maternity:**

It is your responsibility to add your newborn to your insurance policy. Most insurance companies allow 30 days for you to do this. If you fail to add your baby, any charges incurred will not be covered and will become your responsibility.

**Fees:**

The fees/charges quoted above are subject to change at any time. I have read this document and I understand my fiscal responsibilities. I agree to all the terms and conditions and any revisions to those terms and conditions

Patient's name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor's name (print):  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor's relationship to patient:  
\_\_\_\_\_