

Patient Financial Policy

Thank you for choosing Heartland Women's Group as your health care provider. We are committed to your treatment being successful. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. Carefully review the following information and return the last page of this form with your signature and date.

We request all patients complete our Patient Information Form prior to seeing the physician and annually thereafter. It is your responsibility to notify our office of any patient information changes (i.e., address, name, insurance information, etc).

INSURANCE

It is the patient's responsibility to provide the clinic with current insurance information. We will ask for your insurance card at your first visit to obtain a copy for our records. We may occasionally request a copy at a later date to update your records, so please have your insurance card every time you come to our office. **If current information is not obtained at the time of service, you will be considered self-pay. Full payment for services will be required at that time. If you are unable to pay, the appointment will be rescheduled to a later date.**

Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your claims for you. However, we will not become involved in disputes between you and your insurance carrier. This includes, but is not limited to, deductibles, copayments, non-covered charges and "usual and customary" charges. We will supply information as necessary. **You are ultimately responsible for the timely payment of your account.**

COPAYS

Your copay is due at the time of services rendered.

UNPAID BALANCES

If your insurance has not paid the balance of your claims in full, you will receive a statement notifying you of the amount due. You may call our billing office (888-422-7720) to set up payment arrangements, however, at all subsequent appointments, you will also be asked for payment of any past due balance. After insurance pays, the patient balance must be paid within 60 days or it will be considered for further collection activity.

DISCOUNTS

As a courtesy, the clinic offers a 35% discount to all patients with no insurance coverage ***who pay in full at the time of service.*** This discount is available only on the actual date of services. All billed services will be at the full fee.

RETURNED CHECKS

The charge for a returned check is \$25 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a “Cash Only” basis following any returned check.

MINORS

The parent(s) or guardian(s) is responsible for full payment and will receive the billing statements. A signed release to treat may be required for unaccompanied minors.

OB PATIENTS (with insurance)

Our office will pre-certify your pregnancy and complete any necessary paperwork required by your insurance company. We will also obtain your OB benefit coverage, which will include deductible and copay information (for physician charges only). If you are responsible for any deductible and/or copay, these amounts will need to be paid in full before your second trimester. If this is not feasible, payment arrangements can be discussed with our business office. Any other expenses incurred during your pregnancy, by our office, (i.e., injections, procedures, etc) will also need to be paid during your care.

OB PATIENTS (without insurance)

If you do not have insurance, you will be given a separate payment policy. The balance is due in full at the time of your first appointment. A 35% discount will be given. These amounts are physician charges only and do not include any hospital, laboratory, sonograms, or additional services needed during or at the time of your delivery.

FMLA PAPERWORK

There is a fee of \$15.00 for completion of FMLA paperwork. Payment is requested at the time of request. We ask that FMLA paperwork be given to the office and **not the physician**.

LAB AND PATHOLOGY

We use WPM Pathology and LabCorp for all of our lab and pathology services. It is the patient’s responsibility to know if your insurance contracts with these facilities. If they do not, then you will need to let the nurse know ***prior*** to the visit. Please be advised that WPM and LabCorp do their own billing. You will receive a separate statement from them for their services. If you have any questions regarding their charges, please refer to the phone number on ***their*** statement.

SONOGRAMS

For liability reasons, we may send your sonogram to Maternal Fetal Associates for Dr O’Hara to read. ***This means you will receive two bills.*** One from our office for performing the sonogram and a separate bill from Dr O’Hara for reading it.

We accept cash, checks, Visa and Mastercard.

Thank you for understanding our Financial Policy. We appreciate the opportunity to provide our services for your medical needs. Your assistance and cooperation will be most appreciated. Should you have any questions or concerns, please contact us.

I have read and agree with Heartland Women's Group Financial Policy.

Patient Name (Please Print)

Patient/Responsible Party Signature

Date