

Financial and Office Policies

This is an agreement between Associated Women's Healthcare (AWH), as creditor, and the Patient/Debtor named on this form. In this agreement the words "you", "your", and "yours" mean the Patient/Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we", "us" and "our" refer to AWH.

By executing this agreement, you are agreeing to pay for all services that are received.

Monthly Statements: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month.

Payments: The balance on your statement is due and payable when the statement is issued, and is past due if not paid within 30 days. All balances must be paid in full prior to scheduling your next appointment. Any co-payments required by an insurance company must be paid at the time of service. Because this is an insurance requirement, we cannot bill you for these.

Self-pay patients: All Self-pay patients are required to pay their account in full at each appointment. Our office does not do payment plans.

Returned checks: There is a fee (currently \$35.00) for any checks returned by the bank.

Contracted insurance: If we are contracted with your insurance company, we must follow our contract and their requirements. If you have a co-pay or deductible, you must pay that at the time of service.

Non-contracted insurance: Insurance is a contract between you and your insurance company. We are NOT a party to this contract. We will bill your insurance company as a courtesy to you. When we verify your insurance your company only gives us an estimate of what they may pay. They guarantee no payment before receipt of claim and it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance.

Referrals/authorization: If your insurance requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to do so may result in a lower payment from the insurance company.

FMLA Paperwork: There is a \$25.00 fee for each individual FMLA form completed by our office.

Past due account: If your account becomes past due, we will take necessary steps to collect this debt. We have the option to report your account status to any credit reporting agency such as a credit bureau. There is a \$25.00 collection fee added to all accounts sent for collection.

Waiver of Confidentiality: You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if you're past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Transferring of Records: You must make your request in writing. There is a fee for a copy of your medical records as set for by the Texas Medical Records Act of 1981. The charge is \$25.00 for the first 20 pages and \$0.50 for every subsequent page.

Well Women vs. Problem Exam

A well woman exam is when a healthy patient is seen to screen for various illnesses or diseases; this is considered preventive medicine. If a patient comes in to discuss any suspected illness or disease, this is considered a problem-focused exam. We provide services for preventive medicine as well as problem-focused medicine. Some insurance plans cover all office visits no matter what the purpose. Other plans will only cover a visit if you have a problem and some will only cover preventive medicine. Our verification staff is dedicated to ensuring that your visit is covered by your insurance or advising you otherwise prior to your appointment. In some instances, we might not be able to obtain this information. We recommend that you check with your insurance carrier to verify your specific benefits so there are no unexpected financial surprises at the time of your visit. Payment for services is ultimately **your** responsibility.

Referrals

Occasionally our physicians will need to refer you to another specialist. Our physicians offer recommendations based on their experience with the specialist. The specialist they recommend may or may not be an in-network provider with your insurance carrier. You will need to contact your insurance carrier to find out if that physician is in-network. If they are not you can: 1) choose to see a physician in-network according to your carrier or 2) see the physician we recommend out-of-network. The latter may require you to pay more money out of your pocket. If you have an HMO or POS policy you may need a referral to see another physician. Please let us know if you do and we will be happy to take care of that for you if your plan allows. If your insurance is one that will not let us do referrals, you will need to call your Primary Care Physician (PCP) and ask them to do this for you. Please note that if your carrier requires you to choose a (PCP) you must have selected one before any office can complete referrals.

Laboratory Test

When you have a pap smear or any type of blood work done we will send the specimen to an outside lab. We always try to send specimens to the lab your insurance company recommends. It is your responsibility to inform the nurse of what lab your insurance requires you use. ***Remember that since we do send all lab specimens to an outside lab, the lab will bill you separately if your insurance does not cover them.***

Filing Claims

Please be sure that we have your current insurance information and inform us of any updates or changes. If we do not have current information this will delay payment and possibly cause you to have unexpected expenses. You will be asked to fill out a new information profile completely every year. These profiles expire one year after being signed. You will also be asked to sign in with your name, address, and current insurance information each time you are seen in our office.

Appointments

It is our goal to provide services to you in the most comfortable and timely manner as possible. In order to achieve this we must require you to be on time for your appointments. If you must cancel an appointment, we ask that you give us 24 hours notice whenever possible. Unfortunately, emergencies and deliveries do occur which occasionally causes delays in our schedule. We will try to keep you informed if these arise. Patients who are 15 or more minutes late may need to be rescheduled. If you miss three appointments without notifying us before the appointment time you may be dismissed from the practice.

Telephone Calls

We must screen all calls to the doctors during office hours while they are seeing patients. If you have an emergency, explain to the operator the type of emergency you have and a nurse will either pick up your call or call you back within the next few minutes. Calls deemed “non emergent” will be handled by the clinical staff in the order received. If it is necessary to leave a message for the Doctor the call will be returned within 24–48 hours.

Prescription Refills

Prescription refill request will be handled within 24 hours of receipt during regular office hours. No routine prescriptions or narcotic pain medications will be handled after regular office hours or on the weekend.

Children

Children are very special to all of us and we are always happy to see the “little ones”, but for their safety and the courtesy of other patients we must ask that you keep your children with you at **ALL** times while in our office.

I authorize Associated Women's Healthcare to examine me and perform those procedures necessary for prenatal and/or family planning care and/or women's healthcare and/or general medical care. Procedures that may be performed include but are not limited to:

- Medical history and physical examination, including pelvic and breast examination
- Blood draws to screen for syphilis, anemia, rubella, diabetes, hepatitis, AIDS, HIV and other blood work determined to be necessary
- Urinalysis, urine pregnancy tests, urine culture and drug screens
- Gonorrhea,/Chlamydia culture and pap smear
- Other appropriate lab work
- Neonatal screening
- Ultrasound
- Necessary Immunizations

The nature of the procedures has been explained to me and no warranty or guarantee has been made to me as to the result.

I have read this document and understand the policies and my fiscal responsibility.

Patient's Name (Print) _____

Signature: _____ Date: _____

Guarantor's Name (Print) (Minor patients only): _____

Signature: _____ Date: _____

I wish to be contacted in the following manner (check all that apply)

<input type="checkbox"/> Home Telephone _____	<input type="checkbox"/> Written Communication
<input type="checkbox"/> O.K. to leave message with detailed information	<input type="checkbox"/> O.K. to mail to my home address
<input type="checkbox"/> Leave message with call-back number only	<input type="checkbox"/> O.K. to mail to my work address
	<input type="checkbox"/> O.K. to fax to this number
<input type="checkbox"/> Work Telephone _____, extension _____	
<input type="checkbox"/> Okay to leave message with detailed information	<input type="checkbox"/> Other _____
<input type="checkbox"/> Leave message with call-back number only	_____

Patient Name Date

Patient Signature Date