

Subject: Patient Financial Policy	Policy #:	Page(s):
Approved by:	Date Effective :	Date Revised:

POLICY:

This policy outlines the rules for appropriate communication to patients regarding our financial expectations for insurance billing and patient balances.

PROCEDURES:

1. The Financial Policy will be provided to patients as part of the New Patient intake process
2. Patients will review the Financial Policy.
3. Patients will initial where indicated
4. Patients will sign the registration form acknowledging acceptance and understanding of the financial policy.

The verbiage for the Financial Policy is as follows:

Thank you for choosing Valley Obstetrics & Gynecology as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc).

Billing Insurance and Patient’s Responsibility

In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill.

Prior to your appointment, our office obtains your current benefit information. We do require payment for this estimated balance be paid on the day services are rendered. We will contact you prior to your appointment to let you know what the estimated balance for payment required on the date of service. Please ask if you have any questions about these estimates. You may also contact your health plan directly prior to the appointment if you have questions on these benefits. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits.

Pre-Payment Services

Surgery - When a surgery is scheduled, payment is expected no less than 48 hours before the surgery date. Our office will contact your health plan for benefits then provide you with an estimated amount due.

Obstetric Services - Your routine OB visits, labor, delivery and post-partum care (global maternity) is billed to your insurance on file at the time of delivery. However, please be aware *problem visits, ultrasounds, non-stress tests and any lab work are not covered under the obstetrical global care package*. Our office will check your benefits for these services. If a deductible or co-insurance applies, we will contact you prior to that appointment to provide an estimated balance due. Payment will be due on the date the service is rendered. You will be provided with an Obstetric/Delivery Financial Commitment (OBC) payment agreement at your 16th week of pregnancy. This OBC will provide you with an out of pocket estimate for your global maternity care. This payment is due in full by 32 weeks of pregnancy.

Self-Pay or Private Pay

If you have no insurance you will be required to pay in full at the time of service. A 10% time of service discount does apply to all professional charges. This discount does not apply to devices, implants, lab and radiology services.

Payment Expectation and Collection Policy

In the event you acquire a past due balance, we will make several attempts to notify you using the contact information you provide. If there is no response to our efforts, your balance greater than sixty (60) days will be turned over to our collection agency.