

## PAVILION WOMEN'S CARE

101 Beckett lane, Suite 506, Fayetteville, GA 30214

### FINANCIAL POLICY AND CONSENT FORM

We believe that it is beneficial to know in advance the financial policies of an office when services are required, including how payment arrangements are handled. Therefore we have prepared a Financial Policy and Consent Form to inform our patients of and establish with them, the policies of Pavilion Women's Care.

Carefully review each item listed below. Please initial beside each item and sign at the bottom of the policy to indicate that you understand and consent.

- \_\_\_\_\_ 1. Your health insurance policy is a contract between you and your insurance carrier. If we participate in your primary insurance plan, we will file your charges with your insurance carrier on your behalf. If we do not participate in your insurance plan, payment for services rendered is collected at the time of service.
- \_\_\_\_\_ 2. A copy of all insurance cards and receipt of co-payments due are required at check in. If you do not have your insurance card, payment must be made at the time of service. It is your responsibility to update this office whenever any insurance coverage change occurs. We accept payment in the form of cash, Visa, MasterCard and Discover card.
- \_\_\_\_\_ 3. If you are a self-pay patient, payment for all services are due at the time services are rendered.
- \_\_\_\_\_ 4. Deductibles are required at the time that services are rendered. You have the option of installment prepayment for coinsurance amounts prior to delivery, surgery or procedures or payment in full at the time of billing, or set up an automatic payment plan after the bill is processed.
- \_\_\_\_\_ 5. After we file your insurance claim, we will wait 30 days for payment from your insurance company. If payment has not been received in 30 days, the account is transferred to patient responsibility. We assess a 10% per month finance charge on all unpaid balances over 60 days.
- \_\_\_\_\_ 6. Failure to keep your account current may limit access to our office until the balance is paid or until payment arrangements are established.
- \_\_\_\_\_ 7. We utilize a collection agency for all accounts not paid within 90 days from date of claim filing. Once an account has been sent to the collection agency, it cannot be retrieved. Accounts sent to the collection agency on two occasions are dismissed from our office.
- \_\_\_\_\_ 8. Charges for lab services performed outside our office are billed separately and are not included in the physician bill.
- \_\_\_\_\_ 9. Our charges for copying medical records are based on the charges set forth by the Georgia office of Planning and Budget pursuant to O.C.G.A. 31-33-3. In order to comply with HIPPA regulations, a signed written request for medical records must be received along with payment before records can be released.
- \_\_\_\_\_ 10. Please let us know at least 24 hours prior to your scheduled appointment time if you will not be able to keep your appointment. Appointments not cancelled in a timely manner will be assessed a "No Show" fee of \$25.00.
- \_\_\_\_\_ 11. Pavilion Women's Care offers an optional \$50.00 administrative fee that can be paid once per year to cover form completion (e.g. Disability, FMLA) or requisite letter generation. The fee is based on a calendar year from January to December each year and is not prorated. Alternatively, fees will be assessed on a \$20.00 per form basis.

I have read, and I understand and agree to the policy outlined above as it pertains to services rendered on my behalf by Pavilion Women's Care.

Signature \_\_\_\_\_

Date \_\_\_\_\_