



Women's OBGYN Care, PLLC

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OFFICE/FINANCIAL POLICY

Thank you for choosing us as your health care provider. In order to serve you better we require that all patients read and sign our office/financial policy. It is your responsibility to understand whether your provider is in-network to maximize your benefits. We will be glad to assist you on any questions you may have. We are dedicated to provide you quality care and excellent customer service.

1. Your insurance card must be present at each visit. It is your responsibility to provide us all the correct information to ensure proper billing to your insurance company.
2. Contracted Managed Health Care (HMOs, PPOs, EPOs, IPAs, POSs etc):
Co-pays are due at the time of services are rendered. Deductibles/co-insurance will be charged as deposit for the services are rendered. We will collect this payment before your office visit. You are obliged by your contract with your insurance company to pay co-payment at the time of your visit. The collected amount is not final payment and this is depends on the insurance allow us. In that case if we collected under, then we will send you statement and if we collected over, then we will issue the refund check.
3. Medicare Patients: As a participating provider we will file your Medicare/Supplemental policy claim for you. Each year you will be expected to pay the allowed amount of your charges until your Medicare annual deductible has been met. You are responsible for any non-covered services. Also we will get ABN form signed by you.

Patient Initials _____

4. Medicaid Patients: Patients must bring their Medicaid card at every visit. Failure to do so could result in a delay or rescheduling of your appointment. Please make sure that you choose our physician as your Primary Care Physician for a plan we accept within the time period allowed. If Medicaid number is not provided on the date of service and if the Medicaid coverage begins after the date of service, the patient will be responsible for payment for that service.

Patient Initials _____

5. Patient without Insurance: Patients without insurance are also required to pay for their visits when services are rendered. Prices quoted are only an estimate and are subject to change if the reason for the visit should change prior to the visit or in the room. *Please note that laboratory work and or ultrasounds are not included in the office visit fees and will be billed to you separately.*

Patient Initials _____

6. Maternity Patients: We verify benefits at the beginning of your pregnancy. Global maternity deposit covers prenatal, delivery and postnatal services. If the services under global maternity subjected to your deductible and co-insurance, it will be collected by your 24 weeks of pregnancy. The estimation deposit of global maternity will be explained to you in your 1st prenatal visit.

Patient Initials _____

7. Surgery Patients: You are responsible for making sure that we are a participating provider for your insurance carrier. After verification of your insurance coverage you will be required to pay deposit of your portion prior to surgery. Your deposits are due at least 5 days prior to surgery. If you have questions you should ask your insurance carrier and /or your financial counselor in the doctor's office.

Patient Initials _____

8. Prescription Refill: The refill request should originate from your pharmacy for continuous medication like birth control pills by first contacting your pharmacy; this will reduce the time to get your medications refilled. If there are no refills on file, your pharmacy will contact our office with the request. Prescription refills may be denied for medications in which there is a need for patient to be evaluated by the physician. The pharmacy will notify you of such a denial and of the need to call for an appointment. Verbal pharmacy refills are done during office hours only. For prescription coverage and payment always check with your insurance for your pharmacy benefits.

Patient Initials _____

9. Disability and Family Medical Leave Act Forms (FMLA): If you need to disability form filled out prior to surgery or delivery, you will need to drop it off prior to your requested leave. We require 7 to 10 business days to fill out the forms. There is an administrative fee of \$20.00 for each Disability Forms and FMLA forms. These should be completed and signed by patient prior to having them filled out; failure to do so will delay these forms from getting completed.

Patient Initials _____

10. WWE and Sick visit: If an abnormality/ies is encountered or a preexisting problem is addressed in the process of performing the preventive WWE evaluation and management service, and if the problem/abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, the visit will be considered as combined visit- Annual preventive care along with E/M visit.

Patient Initials _____

11. Returned checks: There is a \$25.00 fee assessed on all returned checks in addition to the amount of the check. Patient will be required to make future payment in cash or debit/credit card only.

12. Refund Policy: After insurance re-imburement, if we collected over payment, we will issue refund check for you. The refund check will only be given to person who paid the payment at the time of visit.

13. Labs: The laboratory services will be provided in the office for your convenience. This service will be provided by our contracted laboratory named- Clinical Pathology Laboratory (CPL). For your laboratory benefit coverage, it will be your responsibility to check with your insurance for ordered lab tests coverage. Womens OBGYN Care does not have any economic benefit with CPL. You may choose other lab as per your insurance plan coverage.

Patient Initials _____

14. Others:

- If we refer you for further testing and other services, it is your responsibility to make sure the facility performing the test is in network with your insurance provider. We try our best to send you to in-network facilities, but if the information we obtain is wrong you could experience higher out of pocket expenses.
- After hours call are for emergencies only. If the call is not an emergency, you will be charged \$25.00.
- Any unpaid accounts are reported to the Credit Bureau after 90 days. If reported the fact that you received treatment at our office may become a matter of public record

Patient Initials _____

15. Cancellation/Missed Appointments: Please give 24 hour notice for any cancelled appointment. This is a standard policy in our profession; you will be charged \$25.00 if you miss an appointment or do not give sufficient notice for cancellations. Your insurance does not pay for these charges.

Patient Initials _____

16. Release of Medical Records: In order to obtain medical records, as a standard policy in our profession; you will be charged \$20.00.

Patient Initials _____

I have read and understand the office/financial policy of the practice, and I agree to be bound by its terms. I also understand and agree that the practice may amend such terms from time to time.

Print Name: _____ **DOB:** _____ **Patient Signature & Date:** _____