

Marysville Obstetrics & Gynecology, Inc.

FINANCIAL POLICY

We are committed to providing you with the best possible medical care. If you have special needs, we are here to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

1. Our practice participates with a variety of insurance plans. It is your responsibility to:
 - **Bring your current insurance card at every visit.** We consider an insurance card similar to a credit card because you are asking us to bill another party for the services you have been provided. If you do not bring your insurance card, you should be prepared to pay for your service in full on that date.
 - **Be prepared to pay your co-pay at each visit.** We are required by your insurance plan to collect co-pays on the date of service. Payment can be made by cash, check or credit card. If you do not bring proper payment to your visit, you will need to reschedule your appointment except in the case of a medical emergency.
 - **For medical care not covered by your insurance or for patients that have no insurance payment in full is due at the time of visit.**
2. If you have insurance that we do not participate in, upon request, our billing office will provide you with a form of itemized charges that you can use to file to that plan for reimbursement. However, payment in full is expected on the day of service.
3. We only file claims directly to primary insurance plans. If you have a secondary insurance coverage, upon request, our billing office will provide you with a form of itemized charges that you can use to file to that plan. Except for your co-pay and non-covered services, you will be responsible for any balance due after your primary insurance pays.
4. If you are unable to pay for necessary medical care, you may be eligible for financial assistance. It is your responsibility to inform us prior to your visit.
5. Surgery co-pays must be paid prior to surgery, typically 20% of charges.
6. Referrals: It is your responsibility to bring any required referrals for treatment to, or prior to the visit. If you do not have the referral, your visit may be rescheduled, or you may be financially responsible.
7. If the patient is a minor (under 18 years of age), the parent or guardian must sign below. The parent, guardian, or unaccompanied minor is responsible for any payment due at the time of service, bringing the necessary referrals and insurance card.
8. If you have any questions about insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company’s customer service department (the number is on your insurance card).
9. If you fail to show up for an appointment without contacting us to cancel at least one day in advance, your account will be charged a no-show charge. For DEXA scans scheduled at the Osteoporosis Diagnostics and Treatment Center, the no-show charge is equal to the charge for this procedure.
10. If you fail to make payment in full for the services that are rendered to you, your outstanding balance will be sent to a collection agency. You will be responsible for the fees assessed by the collections agency.

Our practice believes that a good physician-patient relationship is based upon understanding and good communication. Questions about financial arrangements should be directed to the office where you regularly receive services. Please sign that you have read and agree to the Financial Policy.

If you want a copy of this financial policy, please ask the front desk.

Signature of Patient or Responsible Party

Date

Signature of Co-Responsible Party

Date

TURN OVER!!!