WOMEN Obstetrics & Gynecology, PLC
PAYOUT AND COLLECTION POLICY

STRICT PAYMENT POLICY
It is the firm policy of this practice that payment must be made in full at the time of service. Cash, personal checks, Visa, MasterCard and American Express are accepted. If, for some reason, payment cannot be made at the time services are rendered, acceptable payment arrangements must be made prior to any services being provided.

RESPONSIBILITY FOR FILING CLAIMS
In all cases, the patient is responsible for payment. This practice will file a claim with those insurance carriers that are contracted with this practice.

OBSTETRICAL PATIENTS’ PAYMENT PLANS
Our obstetrical payment plan covers the patient’s estimated balance that is not covered by their insurance based on a pregnancy requiring routine obstetrical care. Patient payments are required to be made in monthly installments with the balance paid in full on or before the 28th week of pregnancy. A refund check will be issued to you if your insurance company pays more than what was estimated. This can only be determined at the end of your pregnancy when our claim for global care is submitted to your insurance plan and the claim is processed. Estimates given by your insurance company are not a guarantee of payment. Any difference between quoted amounts and amounts actually owed will be the responsibility of you the patient.

An obstetrical payment plan will be set up after the first OB visit with the contract terms outlined for the patient. A $125 deposit is required at the first OB visit and is applied to the balance of the patient’s account. Uninsured obstetrical patients are required to have a financial plan in place with our accounts receivable department at their first OB visit, including a $1000.00 deposit.

Please be advised that neither our group nor any of our physicians are contracted with TennCare or any TennCare affiliated plan. This includes TennCare Select, AmeriChoice, AmeriGroup, etc. At any time during your pregnancy should you become eligible for TennCare coverage, whether it is your primary or secondary coverage, please notify us immediately so we can assist in transferring your care to a TennCare provider and to ensure that there are no delays in your receiving care.

MAXIMUM 30 DAY PERIOD FOR UNPAID BALANCES
Any unpaid or remaining balance on the patient’s account after the insurance has made payment must be paid within 30 days. If hardship or special circumstances prevent the patient from making scheduled payments, the patient must contact a collections coordinator in this office to make acceptable arrangements. All subsequent non-emergency services will be on a cash or credit card payment basis only.

UNPAID BALANCE EXCEEDING 30 DAYS
All instances of non-payment will be turned over to our attorney for collection. The resulting collection fees, including the attorney fee and court costs, will be added to the patient’s account balance. Unpaid balances may lead to permanent dismissal from our practice.

SERVICE CHARGE
A 12% annual service charge will be added to the patient’s account for any unpaid balance over 30 days following the insurance company’s payment of the claim.
RETURNED CHECK FEES
There is a separate $35 fee for all returned checks. The patient is responsible for payment of the check and this additional $35 fee upon notification of the returned check. This payment must be made with cash, money order or credit card.

TRICARE, TENNCARE AND MEDICARE
WOMEN Obstetrics and Gynecology, PLC is NOT a Tricare, Tenncare or Medicare provider. This includes any Medicare Coverage (A, B, D), Medicare Advantage Plans, Medicare Managed Care Plans, etc. This also applies to any TennCare plan, including TennCare Select, AmeriChoice and AmeriGroup, etc. At any time should you become eligible for Medicare, TennCare or TriCare, whether it is your primary insurance coverage or secondary insurance coverage, please notify us immediately so we can assist in transferring your care to a contracted provider with your plan to ensure that there are no delays in your receiving care.

CHANGES OF INSURANCE
Should you have a change in your insurance coverage, it is the sole responsibility of the patient to notify us of these changes immediately. Any delays in us receiving your correct insurance information may result higher out of pocket expenses, denied claims, etc. Should your insurance change to a payor that we are not contracted with, it is the patients responsibility to notify us immediately of this change. These notifications must take place whether the change is to your primary insurance coverage or secondary insurance coverage. WOMEN Obstetrics & Gynecology, PLC will provide emergency care only for thirty days from the date of notification. You may have your medical records transferred to the provider of your choice once you have completed a medical records release form.

ELECTIVE SURGERIES
For elective surgery (e.g. tubal ligation), DEXA studies, I.U.D.s, vaccinations, some injections and other services; this office will verify the patient’s insurance benefit prior to the scheduled procedure. **Verification of benefits from your insurance carrier is not a guarantee of payment. The patient is responsible for payment in full on any balance not paid by her insurance.**

SPECIAL LETTERS AND FORMS
The physician’s office requires a minimum of 10 working days to complete FMLA, disability forms and letters required for the employer in reference to medical care. There is a $10 charge for each completed form. FMLA forms will be mailed directly to the patient upon completion.

*We will require the patient’s signature of acknowledgement of this policy annually.*

Patient Name: ____________________________________________________________

Date:___________________________________________