

WOMEN Obstetrics & Gynecology, PLC

FINANCIAL POLICY

PROMPT PAYMENT POLICY

It is the policy of this practice that payment must be made in full at the time of service. Cash, personal checks, money order, Visa, MasterCard, Discover 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. Around the 20th week of pregnancy, our financial counselor will review your benefits to determine if your monthly installment amount should be adjusted. You will receive a new payment plan if your estimated out of pocket changes.

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 the patient.**

Uninsured obstetrical patients are required to pay a deposit of \$1,000.00.

MAXIMUM 30-DAY PERIOD FOR UNPAID BALANCES

Any unpaid or remaining balance on the patient's account after the insurance has made payment should be paid within 30 days. If hardship or special circumstances prevent the patient from making scheduled payments, the patient must contact a patient account representative 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 reviewed for possible collection actions. The resulting collection fees, including the attorney fee and court costs, will be added to the patient's account balance.

RETURNED CHECK FEES

There is a separate \$25 fee for all returned checks. The patient is responsible for payment of the check and this additional \$25 fee upon notification of the returned check. This payment must be made with cash, money order or credit card. Multiple returned checks will require future payments to be made via 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, BlueCare, United Healthcare Community Plan 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 you receiving care.

HEALTHSHARE PLANS:

We do not participate in any health share plans (Liberty, Solidarity, Good Samaritan, Christian Care Ministry, etc...).

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 payer that we are not contracted with, it is the patient's 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), I.U.D.s, 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 insurance. We do require prepayment for any elective surgeries. We will call you prior to the procedure and advise you of your prepayment amount.**

SPECIAL LETTERS AND FORMS

WOMEN Obstetrics & Gynecology has partnered with MediCopy Services, Inc. for forms completion. MediCopy is fully HIPAA compliant & adheres to all state & federal regulations regarding your protected health information. For questions about their service, please call 866.587.6274.