

## ***Sunflower Ob-Gyn, PA Financial Policy***

*Thank you for choosing us as your health care provider. We are committed to your successful treatment. The following is a statement of our Financial Policy, which we require that you read and sign prior to treatment. For your convenience, we accept cash, checks, and most major credit cards as sources of payment.*

### **RESPONSIBILITY STATEMENT**

Your insurance is a method for you to receive reimbursement for fees you have paid the physician for services rendered. Having insurance is not a substitute for payment. Many companies have fixed allowances or percentages based on your contract with them not our office. It is your responsibility to pay the deductible, co-insurance, and other balances not paid for by your insurance at the time services are rendered. We will assist you in receiving reimbursement but you are responsible for your bill. You are also responsible for knowing your insurance policy and plan. Checks that are dishonored shall incur a \$25.00 fee. If you fail to pay your bill in a timely fashion and your account is sent to an outside company or firm for collections action(s), any fees charged by that company or firm will be added to the amount you owe.

### **PAYMENT PLAN AGREEMENT FOR OBSTETRICAL CARE**

We understand that obstetrical care represents a tremendous bill for most patients. We have therefore designed a payment schedule we believe is fair and keeps the financial burden of your OB care to a minimum. If you have medical insurance which will cover your obstetrical care we will contact your insurance company-to confirm coverage and discuss the provisions of your policy prior to calculating your required monthly payment amount. At that time we will ask that you enter into a payment plan agreement that will specify your obligation and provide a schedule for payment. The goal is to have you pay your portion of our charges by the time of your delivery. This will leave only the insurance company's payment to be collected after your baby is born.

### **PRIOR AUTHORIZATION AND REFERRAL REQUIREMENTS**

You must obtain any necessary prior authorizations and/or referrals required by your insurance company, prior to your scheduled appointments.

### **NON-COVERED SERVICES.**

Please be aware some and perhaps all of the services to be rendered are not considered reasonable and necessary under Medicare, Medicaid, or other medical insurances. You will be responsible for these balances. **Frequently, insurance does not cover preventative care, such as annual exams. Please be aware of this prior to your appointment, and know that you will be responsible for any unpaid balances.**

### **MISSED APPOINTMENTS**

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments, at our discretion. The rate of the normal office visit will be charged. Failure to show up for your appointment at the assigned time inconveniences all parties involved. Excessive cancellations or no-shows may result in you being charged for the missed office visit or you being dismissed from the practice. Please help us serve you better by keeping your appointments.

I have read the Financial Policy. I understand and agree to comply with this Financial Policy.

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*Patient's Printed Name*

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*Patient's Signature*

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*Date*