

## Financial Policies

Thank you for choosing Great Plains Women's Health Center as your healthcare partner. We look forward to providing you with the highest quality care and hope you will find our staff to be friendly and helpful. Therefore, if you have any questions or concerns about our financial policies, please do not hesitate to speak with our billing staff.

### **Insurance**

Individual insurance policies have varied coverage for preventative visits or physicals, non-preventative services, blood work or labs, or vaccinations, etc. While we make every effort to assist you, it is your responsibility to know limitations, exclusions, deductibles, and copays of your insurance plan and to resolve any disputes with your carrier for nonpayment of services.

Our office will make every reasonable attempt to obtain payment according to your coverage. If your insurance company rejects the claim or denies payment, the office will bill you for those charges. Regardless of the type of insurance you have, you are ultimately responsible for paying your medical bills.

You play an important role in the successful processing of claims with your insurance company.

- Please present your current insurance ID card at each visit so we can avoid filing errors. If you do not have your current insurance card at time of visit we may have to reschedule your appointment. We will not file insurance for you without a copy of your current ID card.
- If at any time your insurance should change, especially during pregnancy, our office must be notified of the change to accurately file claims.

### **Co-pays and Deductibles**

All co-pay amounts are due and should be paid at time of service. This policy is in accordance with legal requirements for collecting patient responsibility amounts. If you are unable to pay your co-pay, we may ask that you reschedule your appointment.

### **Outstanding Balances**

Patients with an outstanding balance 60 days or more overdue must make arrangements for payment prior to scheduling appointments. We realize that financial difficulty is a reality. In such circumstances, you can ask the billing department about our financial assistance program.

Unresolved balances may be placed with an outside collection agency and may also be subject to finance charges, attorney fees, collection agency fees and dismissal from the practice.

### **No Shows and Late Cancellations**

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. If you need to cancel an appointment, we ask for you to give us a 24-hour notice, or we reserve the right to charge you for your missed appointment.

- We also reserve the right to dismiss you from the practice if you have three consecutive no shows or visits that have not been cancelled with a 24-hour notice.
- This policy may be suspended at the practice's discretion due to inclement weather.

### **Payment for Services on Dependent Children**

The responsibility of payment for services rendered to any dependent children whose parents are divorced or separated is with the parent who seeks treatment. Any court ordered responsibility judgment must be determined between the individuals involved without the inclusion of our office.

### **Surgical Services and Office Procedures**

If you need a major medical service like a surgery or an office procedure, we will provide you with the opportunity to meet with our office billing staff. They will estimate the amount that you will need to pay for the service. Financial arrangements will be discussed so that a specific payment plan can be arranged. Our policy is that at least 50% of the estimated cost be paid prior to the date of the surgery.

IUD benefits will be verified prior to your visit. In the event your insurance does not pay as we were informed, charges are the responsibility of the patient. If you are a self-pay patient, payment is required at the time of insertion.

### **OB Prepayment Plan**

The office staff will meet with you prior to your initial new OB visit to set up a monthly OB prepayment plan. Unlike other types of services, prenatal care is billed globally and will be billed shortly after delivery. The global fee for obstetric care includes your routine prenatal office visits, uncomplicated delivery, and postpartum visit.

Tests including pap smears, blood work, ultrasounds, non-stress tests, and injections provided during your pregnancy and at your postpartum visit are not included in the fees mentioned above. Hospital fees and charges for your delivery stay are also billed separately. These charges will be filed with your insurance at the time they are performed. Payment is due on your account for these charges throughout your pregnancy.

A prepayment amount each month is required to be applied toward your final charges. After your baby is born and the insurance claim has been processed, you may have a balance on your account. In that event, you will be billed the remaining balance. If an overpayment has occurred, you will receive a refund.

### **Infertility**

All charges that are related to your treatment with us are subject to the terms and conditions set by your insurance provider. At the time of your appointment, you may be responsible for any copayment required by your insurance company along with any non-covered charges. If you have no fertility coverage; you would be considered a self-pay patient and would be required to prepay before every appointment. If you have a balance on your account, it must be paid in full before your appointment or the appointment will be rescheduled to a date when that payment can be made.

### **Refunds**

Patient/guarantor credits in amounts less than \$20.00 will be retained on account to be credited toward future balances unless a request for a refund is received. Amounts \$20.00 and greater will automatically be refunded to the patient/guarantor once all claims have been processed.

### **Forms of Payment**

Our practice accepts Visa, MasterCard, Discover, American Express, and debit cards for your convenience. We also accept personal checks and cash. A \$25.00 service charge will be applied to your account for all returned checks.