

## **Total Woman Healthcare, P.A. Policies**

**Please initial in the space provided and signed your name acknowledging your consent and agreement.**

If you have insurance, we will provide insurance claim filing for your primary insurance plan with what we participate; however, if we do not accept your insurance plan or if a claim is denied or a balance is due, you are responsible for payment of the balanced owed and we expect payment within 30 days from the date we notify you of such determination. It is our policy that we do not take secondary insurance and do not file claims to secondary insurance. It is your responsibility to pay any co-pay, deductible, co-insurance or any other balance not paid for the insurance or third-party payer within 30 days. Please note all claims must be finalized before any refunds will be submitted for processing. Refund processing can take up to 30 days to issue. For Obstetrical Patients all claims including delivery must be finalized.

It is the responsibility of the patient/guardian to provide us with current insurance plan information prior to services rendered for accurate billing of service to be filled. You are also responsible for your contacting your insurance company to make sure we are in network with your particular plan. It is important that you are familiar with the guidelines of your plan requirements regarding authorizations, deductibles, co-payments and other vital requirements.

It is the responsibility of the patient/guardian to obtain any referrals that may be required by the insurance company PRIOR to the scheduled visit. Failure to do so will result in the need to reschedule your appointment and a potential \$50.00 late notice rescheduling fee may apply.

In consideration of services rendered, you agree to transfer and assign to Total Woman Healthcare, PA all rights, title and interest in any payment due to you or otherwise payable to you for services rendered.

Insurance: \_\_\_\_\_ (initial)

In consideration of the services rendered, you agree to pay Total Woman Healthcare, PA in accordance with the regular rates and terms of services/ costs for Total Woman Healthcare, PA. Unless prior arrangements have been made, payment is due in full at the time services are rendered. You affirm that you are duly authorized as the patient or as patient's guardian/agent to execute this document and accept its terms.

Self-Pay: \_\_\_\_\_ (initial)

Patient's certification authorization to release information and payment request. You certify the information given to Total Woman Healthcare, PA in applying for payment under Title XVIII/XIX of the Social Security act is correct. You authorize any holder of medical or other information about you to release to Social Security Administration/Division of Family services or its intermediaries or carriers any information needed for this or a related Medicare/Medicaid claim. You further certify all insurance proceeds pertaining to treatment or series provided shall be assigned to Total Woman Healthcare, PA.

Medicare/Medicaid: \_\_\_\_\_ (initial)

We collect and send specimens to Gen Path laboratory for processing. We are NOT responsible for laboratory charges. If you have any questions regarding the laboratory charges, you must call the laboratory listed on the bill.

Laboratory Charges: \_\_\_\_\_ (initial)

Credit cards: For your convenience, we will keep your credit card information on file to be used for balances on your account that are your responsibility (co-insurance, co-pays, deductible), not to exceed \$150.00.

FMLA: There is a \$50.00 for FMLA paperwork. This fee is due PRIOR to any paperwork being faxed or picked up. There is a \$75.00 fee for expedited FMLA paperwork.

Cancellation/ No Show Policy/ Late: A \$50.00 fee will be assessment to your account for 'NO SHOW' if you fail to cancel or reschedule an appointment with at least 24-hour notice. A \$200.00 fee will be charged for surgeries cancelled less than 7 days prior to surgery date. A \$100.00 fee for in office procedures and ultrasounds canceled without 24-hour notice.

Office Charges/Policy: \_\_\_\_\_ (initials)

You understand and agree that all accounts must be brought current within 30 days of the service that was rendered. After 30 days a late fee charge of \$25.00 per month will be assessed. After 60 days the account will be turned over to our attorney for collection.

Should this account be referred to an attorney for collection, you will be responsible for reasonable attorney's fees, court costs, recording fees and collection expenses. You further agree that exclusive venue for any collection action shall be in Orange County, Florida.

You authorize Total Woman Healthcare, PA and hereby give all of its affiliated entities, employees, agents and Independent Contractors permission to call you through the use of dialing equipment artificial voice or similar technology, even if you are charged for the call. You expressly agree that such automated calls may be made by Total Woman Healthcare, PA and all of its affiliates, contractors and agents. With such consent, you specifically waive any claim you may have against Total Woman Healthcare, PA, its affiliates, contractors and/or agents for making such calls, including any claim under the Telephone Consumer Protection Act. You also expressly agree that this provision applies to the use of text messaging. You authorize Total Woman Healthcare, PA its affiliates, contractors, and/or agents to use any cell phone or other telephone number to contact you for any purpose, including collection of an outstanding invoice at the number set forth below. If you have a change in address or telephone number, it is your responsibility to provide Total Woman Healthcare, PA with your updated contact information.

Collection: \_\_\_\_\_ (initial)

I have read, understand and agree to Total Woman Healthcare, PA Billing and Financial Policy:

Patient Name \_\_\_\_\_ Patient DOB \_\_\_\_\_

Patient/Guardian Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Patient/Guardian Signature \_\_\_\_\_