

WOMEN'S HEALTHCARE PARTNERS

FINANCIAL POLICY

Thank you for choosing us as your healthcare provider. We are committed to making healthcare less stressful and more effective by clarifying financial responsibilities in advance. The following is a statement of our Financial Policy which we require that you read and sign prior to any treatment.

Full Payment is Due at the Time of Service

REGARDING INSURANCE

For all plans in which your physician is non-participating, we will provide you with a complete insurance form at the time of service for your submittal. However, you must provide us with your insurance information. The medical fees are your responsibility. Your insurance policy is a contract between you and your insurance company, as we are not a part to your insurance contract. In the event we are a participating provider for your insurance, we will process your claims, however, all deductibles and co-pays are due at the time of service. Please be aware of some and perhaps all of the services provided may be "not-covered" services and not considered reasonable and necessary under the Medicare Program and/or other medical insurances.

UCR/(USUAL AND CUSTOMARY RATES)

Our Practice is committed to providing the best treatment possible for our patients and we charge what is usual and customary for our area. You are responsible for payment in full regardless of any insurance company's arbitrary determination of usual and customary rates for which your physician is a non-participating provider. We will be happy to work with you as needed.

I have read the Financial Policy (above). I understand and agree to this Financial Policy.

Patient Signature _____

Date _____

Parent or Guardian Signature (if applicable) _____