

Thank you for choosing Consultants in Women's Healthcare, Inc. (CWHC) for your healthcare needs. We are committed to providing you excellent quality healthcare. Your understanding of our Financial Policy is important to our professional relationship. Payment for services rendered is a part of that relationship. CWHC asks that you read the following detailed policy where we have outlined the aspects of your financial responsibility. Please contact our billing office if you have any questions concerning this policy.

You will need to bring a valid identification card and your current insurance card(s) to each visit. Without a valid identification or insurance card, you will be required to pay in full at the time of service.

Co-payments

All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. We are obligated by contractual law to collect payments. Please help us by paying your co-payment at each visit. CWHC accepts cash, check, MasterCard, Visa, and Discover.

Insurance

We are in-network providers for most major insurance companies. However, we are not a provider for all plans for all insurance companies. Please contact your insurance company to verify whether we are participating for your specific insurance plan. It is your responsibility to know your insurance coverage and make sure we are in-network for your plan. Your insurance benefit is a contract between you and your insurance company. If you disagree with the way your insurance company processes your claim(s) or with your benefits, contact your insurance directly.

Self-pay

Please contact our billing department for the estimated cost of your visit. Payment in full is required at the time of service if:

- ♦ we do not accept your insurance plan (out-of-network).
- ♦ you do not have insurance.
- ♦ we cannot verify your insurance coverage.
- ♦ you do not have a copy of your current insurance card.

Preventive Medicine Visits

Many insurance plans cover one preventive medicine visit (Well Woman Exam) annually. This exam is clearly for wellness care only and the insurance plan usually pays the visit in full. However, if you present with any type of medical issue(s), you will be billed a separate office visit. The visit may be subjected to co-payment, co-insurance, and/or deductible. Please keep this in mind when scheduling your preventive medicine visit.

Co-insurance and Deductibles

Your co-insurance and/or deductible balance is due when you receive your explanation of benefits from your insurance company.

Obstetrical Care

CWHC verifies your benefits with your insurance carrier. We do our best in estimating your out-of-pocket expenses for this care. You will be required to pay this estimated amount by the 7th month of your pregnancy. Please notify CWHC immediately upon any change of insurance, since this may change your estimated out-of-pocket expense.

Surgical Gynecological Care

CWHC verifies your benefits with your insurance carrier. We do our best in estimating your out-of-pocket expenses for the upcoming care. You will be required to pay this estimated amount prior to your elective surgery. Please notify CWHC immediately upon any change of insurance, since this may change your estimated out-of-pocket expense.

Non-covered Services

Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by your insurance plan. You must pay for these services in full at the time of service. We encourage you to verify benefit coverage for all services with your insurance carrier.

Outstanding Account Balances

Payment is due when services are rendered. If we file your insurance claim and the insurance company satisfies their responsibility but there is a remaining balance that is your responsibility, you will receive three bills from CWHC. We may refer your account to an outside collection agency if your account is more than 90 days past due. The collection agency may report your delinquent account to a Credit Reporting Agency. In the event your account is turned over for collections, the person financially responsible for the account will be responsible for all collection costs including any collection agency fees, attorney fees, and court costs.

Completion of Forms

We will complete any Disability, FMLA, and Leave of Absence form(s) you need during your pregnancy or surgical recovery. CWHC does charge a \$15.00 fee for completing EACH SET. The fee for completing these forms is due prior to the completion of the forms.

Lab Bills

CWHC uses outside labs to process all specimens. Please contact the lab vendor indicated on your lab bill to make payments or resolve any lab-related issues.

Returned Checks

CWHC will charge \$25 for any returned check. This amount is payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check.

This financial policy helps CWHC to continue to provide excellent quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact our billing department.

I have read and understand the CWHC's Financial Policy and agree to abide by this policy:

Signature of patient or responsible party

Date