

## **University Park Obstetrics & Gynecology Practice Financial Policy**

Thank you for choosing **University Park Obstetrics and Gynecology**, as your health care providers. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc).

### **Co-pays, Coinsurance and Deductibles**

You are expected to present an insurance card at each visit. **All co-payments, deductibles and coinsurance amounts as well as any past due balances are due at time of check-in** unless previous arrangements have been made with a billing coordinator. We accept cash or credit cards, we do not accept personal checks. For billing convenience we do request that you leave a credit card authorization on file valid for one year, this eliminates the need for statements and provides a convenient way to take care of your balances once an insurance claim is processed.

### **Insurance Claims**

Insurance is a contract between you and your insurance company. In most cases, we are NOT a party of this contract. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as any change of insurance information. Failure to provide complete insurance information at the time of the visit may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. Should you disagree with the insurance company's determination it is your responsibility to follow up with them directly. We will provide any assistance we can to help with getting your claim processed on your behalf. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

### **Participating Insurances**

**Aetna**

**Blue Cross Blue Shield (except Blue Select or My Blue Plans)**

**Cigna**  
**First Health/Multiplan/Beech Street/PHCS**  
**Humana**  
**United Healthcare**  
**SMH PHO-WebTPA**

**If your insurance plan is one with which we are not a participating provider, you will be responsible for payment in full. As a courtesy we will file a claim on your behalf and if paid by the insurance carrier we will refund you payment as appropriate.**

### **Referrals and Preauthorizations**

Certain health insurances (HMO, POS, etc.) require that you obtain a referral or prior authorization from your Primary Care Provider (PCP) before visiting a specialist. If your insurance company requires a referral and/or preauthorization, YOU are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company, and the balance will be your responsibility. Alternative payment arrangements or rescheduling of your appointment may be necessary if not obtained.

### **Self-pay Accounts**

Self-pay accounts are patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without an insurance card on file with us. We do not accept attorney letters or contingency payments. It is always the patient's responsibility to know if our office is participating with their plan. If there is a discrepancy with our information, You will be considered self-pay unless otherwise proven. Self-pay patients will be required to put a credit card on file for all charges current and future. The Credit Card must be valid for a minimum of one year at the time presented. Please ask to speak with a billing coordinator to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and the least amount of stress.

### **Returned Checks**

Should a check be accepted for payment and returned by your bank, the charge for a returned check is \$35 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. Your account will be noted as CASH/CREDIT only.

**Minors**

The parent(s) or guardian(s) is responsible for full payment and will receive the billing statements. A signed release to treat may or may not be required for unaccompanied minors based on state guidelines.

**Outstanding Balance Policy**

As payment is due at the time of service ,we expect payment of processed insurance claims within 30 days of receiving your first statement. If payment is not made on the account, and contact is not made to discuss payment arrangements the account may be sent to the collection agency or attorney and possible discharge from the practice.

In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs including attorney fees and court costs.

Regardless of any personal arrangements that a patient might have outside of our office, if you are over 18 years of age and receiving treatment, you are ultimately responsible for payment of the service. Our office will not bill any other personal party.

*This financial policy helps the office provide 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 us.*