

Roanoke *Women's*

HEALTHCARE

Financial/Payment Policy

We strongly believe that all patients deserve the very best medical care that we can provide. Everyone benefits when financial arrangements can be agreed upon. We have prepared this material to acquaint you with our policy.

Payment for treatment is your responsibility. Payment is expected at the time of service. You may be asked to reschedule if you are unable to make adequate payment.

Please initial the following as they apply to you:

No insurance coverage

- I have no insurance coverage. I understand that I am responsible for payment of services rendered to myself or dependents *at the time of service*. _____
- I understand that if I fail to pay amounts owed, the clinic has the right to secure an outside collection agency and/or attorney to collect the unpaid debt and report the unpaid debt to a credit reporting agency. I further understand that I will be responsible for any additional charges or fees necessitated by securing the collection agency or attorney, including reasonable attorney's fees. _____

Insurance Authorization

- I hereby authorize the release of any information necessary to process insurance claims and request payment of benefits to be made for services rendered to my dependents or myself. _____
- I understand that I am responsible *at the time of service* for paying any required co-payment and deductible. _____

Medicare Authorization

- I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Finance Administration or its intermediaries or carries any information needed for this or related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or the party who may be responsible for paying for my treatment. (Section 1128B of the Social Security Act and 31 U.S.C. 3801-3812 provides penalties for withholding this information.) Regulations pertaining to Medicare assignment of benefits also apply. _____

Medicare Supplement (Medigap) Authorization

- I authorize any holder of medical or other information about me to be released to process this Medigap claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits to myself or to the party who accepts assignment. _____

Worker's Compensation Claims

- If you are being seen for a work-related injury: _____
 1. The practice will bill the employer's worker's compensation carrier directly, by law. We must bill the worker's compensation carrier first, regardless of whether or not the patient is covered by another insurance policy.
 2. In order for us to bill the worker's compensation carrier, you must provide a first report of injury (obtained from employer) and the full name and address of the employer's worker's compensation carrier.
 3. You will be asked to provide proof of health insurance information as a backup in case the worker's compensation carrier denies the claim. If you choose not to provide that information, you may be responsible for any amount not covered by worker's compensation.

Medicaid Patients

- Please present current proof of coverage at each visit so that we may bill Medicaid directly for services. If we are unable to verify current eligibility or receive authorization from the Primary Care Provider listed on your card, you will be responsible for payment in full at the time of service. _____

Patients with Secondary Insurance

- If you have more than one insurance plan covering health care services, federal law determines which claim pays first and which plan pays second. Neither you nor we can choose which plan pays first. We will file first with the plan that the law determines is primary. After primary insurance pays, we will file your secondary insurance.

Please note:

There will be a \$25.00 charge for all returned checks.

Missed Appointments

If you are unable to keep an appointment with our practice, please notify us within 24 hours of your appointment. Failure to do so may result in a \$25.00 charge to your account. All missed appointment fees must be paid prior to your next visit. Failure to keep three appointments may result in inability to schedule any further appointments with the practice.

If you are more than 15 minutes late for your scheduled appointment, you may be asked to reschedule.

I HAVE READ AND UNDERSTAND THE FINANCIAL/PAYMENT POLICY OF THIS PRACTICE AND AGREE TO ABIDE BY THIS POLICY:

Patient/Parent/Guardian/Responsible Party

Date