

Thank you for choosing GynoFitMD as your health care provider. We are committed to building a successful physician-patient relationship and providing quality care and service to all our patients. Your understanding of our Practice Insurance and Financial Policy and payment for services are important parts of this relationship and we require that you read and agree to prior to any treatment.

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| 1 | All copayments, deductibles, patient responsibility amounts, and past-due balances are due at the time of check-in unless previous arrangements have been made with Practice Administrator/Billing Department. We accept cash, check, credit cards and pre-approved insurance for which we are a contracted provider. We cannot waive deductibles, coinsurances, or copays that are required by your insurance. This is a violation of insurance rules. |
| 2 | It is your responsibility to know your own insurance benefits, including whether we are a contracted provider with your insurance company, your covered benefits and any exclusions in your insurance policy and any pre-authorization requirements of your insurance company. |
| 3 | We will attempt to confirm your insurance coverage prior to your treatment. It is your responsibility to provide current and accurate insurance information, including any updates or changes in coverage. Changes in insurance coverage must be reported to our staff promptly to avoid financial responsibility. |
| 4 | Your insurance card and insurance verification must be on file for your insurance to be billed. If we do not contract with your insurance company, you will be expected to pay for all services rendered before your visit. |
| 5 | Proof of payment and photo ID are required for all patients. You must present your insurance card at every visit. Providing a copy of your insurance card does not confirm that your coverage is effective or that the services rendered will be covered by your insurance company. Without your insurance card or if we are unable to verify your eligibility for benefits, your appointment may be rescheduled, or you will be treated as a self-pay patient. As a self-pay patient, our fee is expected to be paid in full at the time of service. If you are not prepared to make your co-pay or other patient responsibility amount, your visit will be rescheduled. |
| 6 | If your insurance card is furnished after the visit, we may file a claim with your insurance if it is provided prior to the timely filing requirements of your insurance company. If the claim is paid in full by your insurance company, you will be reimbursed the amount you paid as a self-pay patient. |
| 7 | You will receive a billing statement via the patient portal that you will be required to pay within 30 days. This can be paid online via the patient portal, via mail by check/cash or in person at our office. It is our office policy that all accounts with pending balances be sent two statements, each one month apart. If payment is not made on the account, a single phone call will be made to try and make payment arrangements. Accounts with unpaid balances for 90 calendar days or more will be sent to an external collection agency. You hereby agree to pay any imposed collection charge fee up to 33% of the past-due amount owed in the event the account is referred to our outside collection agency. Unpaid bills can also lead to possible discharge from the practice. If you are 18 years old or older and are receiving treatment, you are ultimately responsible for payment of the service. Our office will not bill any other personal party. |

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| 8 | If your insurance company requires a referral from your primary care provider for your appointment, you must contact their office prior to your appointment. We cannot see you without a valid referral for your appointment. |
| 9 | If you are unable to keep your appointment, please notify our office as soon as possible. We would like to offer an available appointment to another patient. A "No-Show" appointment will be subject to a \$50 fee. If you are going to be more than 15 minutes late, we must receive a phone call to confirm we can keep your appointment, otherwise your appointment will need to be rescheduled. |
| 10 | If your physician recommends surgery, your surgery will be scheduled by your physician's staff. The staff member can answer specific questions about the surgery scheduling process, discuss the paperwork, tests involved, and assist with completing all prior authorization your insurance company might require. Our office will require a pre-surgical deposit equal to the amount of your copayment/deductible to go toward your surgery copayment, deductible, or any other amount your insurance carrier deems to be the patient's responsibility. After your insurance company has processed your surgery claim, any amount remaining as a credit will be refunded to you. |
| 11 | Procedure cancellations require 72 hours' notice (3 days). If notice is not provided, a \$100 fee will be charged. |
| 12 | Requests for medical records, for personal use, to/from other physicians, insurance companies etc. can take up to two weeks to process. There will be a \$25 fee for additional copies after the first request. To avoid this fee, patients will need to make additional copies for their personal file. |
| 13 | A non-sufficient (NSF) fee of \$40 will be applied to each returned check. |

I have read, understand, and agree with the above Insurance and Financial Policy. I understand my financial responsibility to make payments for services provided to me and the courtesy extended by GynoFitMD to simplify insurance reimbursement for the services provided to me. Once I have signed this agreement, whether by original, facsimile, or electronic (PDF) signature, I agree to all the terms and conditions contained herein and this agreement shall be in full force and effect.

Patient or authorized representative signature: _____

Patient or authorized representative printed name: _____

Date: _____