



COMPREHENSIVE WOMEN'S HEALTHCARE
INSURANCE AND FINANCIAL POLICY

Welcome to Comprehensive Women's Healthcare. We are committed to providing you with the best possible care and treatment that may or may not be covered by your insurance.

We currently participate with most major insurance plans. Insurance is a contract between you and your insurance company. It is your responsibility to know your benefits. If you are unsure of your benefits, you will need to contact your insurance company for clarification of your benefits.

- 1. We will bill your insurance company for any services rendered. You must present your insurance card at the time of your visit. Without your insurance card, your appointment will be rescheduled. Co-payments are due on the day of service and must be paid on the day of the appointment. We accept cash, personal checks, checks, debit cards, VISA, Mastercard, Discover and American Express.

If you do not have insurance, payment in full is due on the day of service or your appointment will be rescheduled.

If your insurance company requires a referral from your primary care physician for your appointment, you must contact their office prior to your appointment. We cannot see you without a valid referral for your appointment.

- 2. Our office will bill your insurance company(s) based on the information you provided. Upon conclusion of the insurance billing process, you may be responsible for a co-pay, a balance owed after insurance or a deductible. If an amount is due, we will send you a courtesy billing statement. If the bill is not paid within thirty (30) days, we reserve the right to assign the past-due amount to our outside collection agency. You hereby agree to pay any imposed collection charge fee up to 33% of the amount owed in the event the account is referred to our outside collection service.
3. 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. 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.
4. A NSF, non-sufficient, fee of \$35 will be applied to each returned check.
5. Request for medical records, for personal use, to other physicians, insurance companies etc. can take up to two weeks to process. There will be a \$25 fee to patients after the first request for additional copies. To avoid this fee, patients will need to make additional copies for their personal file.
6. Procedure cancellations require 72 hours' notice. If notice is not provided, a \$100 fee will be charged.

I have read the above Insurance and Financial Policy and agree to these terms.

Patient/Responsible Party Signature

Date

Patient Printed Name: _____

Initial if you have received a copy of policy/agreement. _____