

Women's Health of Southwest Louisiana, LLC
Alice Babst-Prestia, MD, APMC ~ Anne B. Griepsma, APRN, FNP-C
Financial Policy Agreement

The following is our Financial Policy Agreement, which we require you read before any treatment. You must also sign the Confidential Channel Communication Request/Acknowledgment of Receipt of Notice of Our Health Information Practices, Financial Policy Agreement, and Social Media and Communications Policies / Consent to Release Information Form before any treatment.

All **NEW PATIENTS** must complete patient information and medical history forms prior to their appointment.

All **EXISTING PATIENTS** must complete medical history forms at every Wellness visit and/or upon request. Please present insurance cards upon arrival at every appointment. If you have a change of address or phone number, please notify our office as soon as possible.

General Payment Requirements - UNLESS OTHER ARRANGMENTS ARE APPROVED, FULL PAYMENT IS DUE AT THE TIME OF SERVICE. We accept cash, checks and credit cards. We are also a participating provider with Care Credit. For surgery patients, any pre-operative visit charge and surgery co-payment/co-insurance amounts, based on insurance benefit verification, are due in full at the time of the pre-op/consent visit. If payment in full creates a hardship, ask to speak with the Manager to discuss other payment options. Your surgery/procedure will be cancelled and cannot be rescheduled until we receive payment. If for some reason your out-of-pocket payment is greater than the allowable amount, we will refund the overpayment to you, where that amount is in excess of \$3.00.

For minors, the adult accompanying a minor is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied, unless the patient is able to make payment at the time of service.

Assignment of Benefits and Rights - If you have health and accident insurance coverage, including worker's compensation benefits, automobile insurance or Medicare, your signature serves as your agreement to irrevocably assign and transfer all rights, titles, and interests in any benefits payable under such programs to Women's Health of Southwest Louisiana, LLC. You agree to authorize and direct that any such payments be made directly to Women's Health of Southwest Louisiana, LLC. You further agree to irrevocably assign and transfer to Women's Health of Southwest Louisiana, LLC, any and all of your rights to pursue administrative appeals of denials of claims for benefits and to assert legal claims or causes of action that may arise against your insurer or health plan for the wrongful denial of claims for benefits. This transfer and assignment shall be for the sole purpose of granting Women's Health of Southwest Louisiana, LLC the independent right of recovery against your insurer or health plan, but shall not be construed as creating an obligation to exercise such rights.

Regarding Insurance - This office will file, on your behalf, insurance claims for office visits, ultrasounds, and major in-office diagnostic and surgical procedures upon receipt of necessary insurance information. This is a service that we provide; please remember that you may be ultimately responsible for payment if your insurer or health plan does not pay the anticipated amount in full.

Our practice is committed to providing the best treatment possible for our patients and we charge what is usual and customary for our area. You may be responsible for payment of the difference between the insurer's determination of what we should be paid and our billed charges.

We participate in several managed care plans. If you are enrolled in a managed care plan, you agree to cooperate and comply with all pre-certification or pre-authorization and benefit verification requirements.

We make an effort to understand the covered services under your plan. We also obtain pre-certifications (as required) and verify insurance benefits; however, this does not guarantee payment. If your insurance company denies payment of services provided or does not pay for all services billed, you are responsible for the balance.

For balances greater than \$100.00, you will be expected to pay the outstanding balance in equal installments over a three month period. Balances under \$100.00 must be paid in full upon request/receipt of your statement. Care Credit and payment plans are available upon request and require approval. Ask to speak with a Business Office staff member for assistance.

Past Due Accounts - Open accounts with no acceptable* payment activity for 60 days are considered past due. A billing charge may be assessed along with a finance charge of 1.5% per month for each month of non acceptable* payment. You may be responsible for the original past due balance along with these additional charges.

Collections - Open accounts with no acceptable* payment activity for 120 days may be automatically placed with our collections agency. If this action becomes necessary, you will be responsible for payment of the original balance plus any billing charges, finance charges, collection fees, and attorney fees and expenses incurred in collecting amounts owed.

*Acceptable payment on an account is determined on an individual basis. Please contact the Manager if you intend to make payments on your account to avoid any misunderstandings.

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