

Associates in Ob-Gyn
Patient Financial Responsibilities

Thank you for choosing Associates in OB-Gyn as your health care provider. We ask that you read and sign this form to acknowledge your understanding of our financial policies.

- The Patient or the patient's guardian (if the patient is a minor) is responsible for payment of her treatment and care.
- We will assist you with billing your services to our contracted insurers; however the patient is required to provide us with correct and updated information about their insurance, and will be responsible for any charges incurred if the information provided is not correct and updated.
- Patients (or their guardian if a minor) are responsible for the co-pays, coinsurance, deductibles and all other procedures or treatment not covered by their insurance plan. Payment is due at the time of service, and for your convenience we accept cash, check, most major credit cards, and offer extended payments through Care Credit Company/GE Financial.
- Any balance that remains unpaid after the insurance payment is made is due to our office in 30 days. Accounts that are 90 days past due are referred to Trans world Collection Services. Your care with us is then considered terminated.
- Patients may incur, and are responsible for the payment of additional charges at the discretion of our practice. These charges may include (but are not limited to):
 - Charge for returned checks.
 - Charge for missed appointments without 24 hours advance notice
 - Charge for the copying and distribution of patient medical records.
 - Charge for extensive forms completion.
 - Costs associated with collection of past due balances
 - (Accounts referred to Trans world Collectors will incur a fee of up to 50% of the total outstanding balance)

OBSTETRICAL FINANCIAL POLICY (Maternity Patients)

PAYMENT- PATIENTS WITH INSURANCE COVERAGE

Patients with Insurance coverage should check immediately with their Insurance Company or Plan Administrator to learn what their coverage will pay toward the Physician's fee and Lab work. Also at that time, we advise you to: **CONTACT YOUR INSURANCE CARRIER'S PRE-CERTIFICATION COMPANY AND INFORM THEM OF YOUR DUE DATE AND HOSPITAL WHERE YOU PLAN TO DELIVER. IT IS THE PATIENT'S RESPONSIBILITY TO OBTAIN THE AUTHORIZATION AND PRE-CERTIFICATION FOR THE OBSTETRICAL CARE AND DELIVERY. FAILURE TO DO SO MAY RESULT IN A REDUCTION OF BENEFITS; THEREFORE THE PATIENT WILL BE RESPONSIBLE FOR A LARGER PORTION OF THE PHYSICIAN AND HOSPITAL BILL.**

The attached form must be completed and returned to Our Receptionist at your next prenatal visit. If your insurance coverage changes during your pregnancy, notify our office immediately and supply us with a new card and billing information. **If you have a Major Insurance as your Primary carrier and also have Medicaid (Public Aid) our office will not accept Medicaid as a secondary insurance, therefore you will owe all Co-pays, Deductibles and Co-Insurance that your Primary insurance does not cover. If you elect to drop your Primary insurance and apply for Medicaid our office will be unable to provide care for you and will refer you for the remainder of your care to another practice.**

All insured patients are REQUIRED to pay DEDUCTIBLE and CO-INSURANCE amounts during their 2nd – 5th visits. (Exceptions to this MAY BE: Having HMO insurance, primary and secondary coverage, or 100% Obstetrical Coverage. You may also incur deductible and co-insurance on Lab Charges and Ultrasounds. If you have questions regarding a claim or a patient due balance after your insurance has paid please contact our billing service, Physicians Reimbursement Specialist @ (847) 882-8282. At the time of your next visit you will be asked to sign a form explaining your maternity benefits that have been verified by our office. A copy of this form will be mailed to you for your records.

PATIENT BALANCE DUE AFTER CLAIMS PROCESSED BY INSURANCE

The Patient Balance is due in full within 30 days after our receipt of insurance payment. Partial payments will not be accepted on the remaining balances.

PAYMENT-UNINSURED PATIENTS

Patients without Insurance coverage are required to pay the Global delivery fee of (\$4,800.00) in full at the 1st visit. Labs and Ultrasounds are additional services and are not included in the Global OB Fee and **must** be paid at the time of service. If payments are not made as required above, termination of care may result.

TRANSFER OF CARE

We will bill your primary (and secondary) insurance for each prenatal visit plus Labs and Ultrasounds. OB patients who leave the practice prior to delivery are responsible for any balance remaining after all insurance payments are received in our office. If you request to have your records transferred, our office requires written authorization from you and payment of a record copy fee.

I have read, understand and agree to the provisions of this Patient Financial Responsibility.

Signature of Patient or Guardian

Date