



Patient Financial Policy

Our office policy requires payment at the time of service for copayments, coinsurance and deductibles.

It is your responsibility to:

- Verify that we are in network with your insurance carrier.
- Provide our office with accurate insurance informations, including insurance card, employer, date of birth, address and social security number. This information is requested on the Patient Registration form that is completed. We respect a patient's right to privacy and ensure that strict confidentiality is adhered to.
- Pay your copayment, deductible, coinsurance at the time of service.
- Pay for any service not covered by your insurance carrier.
- To fully understand your insurance benefits.

It is our responsibility to:

- Submit your claim to your insurance carrier
- Provide your carrier with the information necessary to determine the medical, prenatal and/or surgical care that you have received.

For payment, we accept cash, Visa, Mastercard and American Express. We do not accept personal checks.

When your bill is unpaid, a collection agency may be chosen to manage delinquent accounts. If your account is placed with a collection agency, you are responsible for all costs associated with the collection process.

When you request to transfer your medical records to another physician and/or facility our office will charge a fee pursuant to Missouri Statute No. 1427, Section 191.227 that reads a physician is permitted to charge a handling fee of \$22.82 plus \$.52 cents per page, when printed, and \$25 for records submitted electronically.

Women's Health Specialists is committed to providing all of our patients with exceptional care. When an appointment is cancelled without enough notice, it prevents other patients from being seen. Please advise our office no later than 24 hours prior to your appointment, if there are changes or cancellations. If prior notification is not given, within that time frame, you will be charged \$50 for the missed appointment.

Please feel free to ask our front desk staff if you have questions about your account.

Thank you for the trust you have placed in us to meet your healthcare needs.

Patient/Responsible Party Signature

Date

Patient Name (Please Print)