



## **ALL ABOUT WOMEN POLICIES AND FINANCIAL OBLIGATIONS OF PATIENT**

Thank you for choosing All About Women, P.A. for your obstetrical and gynecological needs. We are pleased to welcome you to our practice. Our chief concern is that you and your family receive the highest quality of care.

We understand that situations arise which lead to financial difficulties and scheduling conflicts. Please bring these issues to the attention of the Practice Administrator or billing department to allow us to help you manage these issues in the most effective manner. Please be advised that your insurance company is a contract with you and your employer. We will be glad to submit your claims for payment for you; however, the final responsibility for payment due for services rendered is the sole liability of you, the patient or the guarantor.

Our policies and financial obligations of the patient are as follows.

1. We accept cash, check, Visa, or Mastercard. Returned checks are subject to a \$30 service charge.
2. Medicare usually only covers exams every two years. You will be responsible for any deductibles and/or co-insurance that are not covered by Medicare.
3. Your co-payment is due at the time of service.
4. Due to new FTC laws, and for your safety, we will now ask to make a copy of an identification card.
5. We do not accept Medicaid. If for any reason, Medicaid becomes your primary insurance, we will be unable to service you until new insurance has been established.
6. We have a twenty minute late policy. Anyone arriving after twenty minutes will need to be rescheduled.
7. As a courtesy to our patients, we require 24 hour notice of cancellation of your appointment. Anything other will be subject to a \$30 missed appointment fee.
8. We will be happy to complete your disability forms which are subject to a \$20 administrative fee.
9. Record releases to other doctors are subject to a \$20 administrative fee and legal requests of record releases are subject to a \$50 charge.
10. Balances that are over thirty days old will accumulate interest charges. Please be timely to avoid such charges.
11. If an account is placed in collections to our outside agency; additional charges will be placed on your account to offset agency fee.
12. Please verify with your insurance company where you are allowed to go for radiology and laboratory services (ultrasound, mammograms, etc).
13. It is the responsibility of the patient to determine whether a referral is needed for services.
14. Our clinicians are ethically and clinically bound to infuse blood and blood products in the event of an extreme emergency; in which they feel that blood or blood products would save your life.

Your signature on this page signifies that you acknowledge and accept the above information. This also serves as assignment of insurance benefits to be paid directly to All About Women, P.A.. You also give us permission to release information to other physicians, financial institutions, insurance companies, CMS and its affiliates or attorney as relevant to the care you receive from All About Women, P.A.. Your medical records will not be released to any family member, individual or other agency without your, your personal representative, or your guardian's prior written authorization.

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Printed Name of Patient

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Patient, Guarantor, or Personal Representative's Signature

Date