



## **OBSTETRICAL & GYNECOLOGICAL ASSOCIATES FINANCIAL POLICY**

### **Page 1 of 2**

Thank you for choosing Obstetrical & Gynecological Associates (OGA) as your medical provider. This document is to inform you of our financial policy. We ask that you read and sign our financial policy prior to receiving any medical treatment. Please understand that payment of your account is considered part of your medical treatment. We are committed to providing every patient with the highest quality of medical care in an efficient and cost-effective manner. Your clear understanding of our financial policy is important to our professional relationship.

**Patient Responsibilities:** The patient or parent/legal guardian, is always responsible for payment of medical treatment at the established rates, including deductibles, co-payments, and other charges. All patients must complete our "patient registration form" and other forms provided at the time of registration, prior to being seen. In the event that your insurance has paid its portion and a balance remaining is your financial responsibility, we expect prompt payment of co-insurance, deductibles or any other monies due. Please be aware that some of the treatments and tests performed at our office during your visit may not be covered by your insurance and may not be considered by your insurance to be reasonable and medically necessary. We will remind you of these balances when confirming your appointment so that you can be prepared to pay them when you arrive at your appointment time.

**Cancellation or No-Show of appointments:** If you are unable to keep your appointment, please contact our office within 24 hours to reschedule. This will enable us to offer your time slot to another patient. If you neglect to contact us to reschedule your appointment, you will be charged a fee of \$75.

**Payment methods:** As a courtesy we will process your claims for treatment rendered; however, if there is a dispute regarding the payment of your insurance claim, OGA has the right to bill you prior to the resolution of that dispute and to anticipate payment from you.

**Obstetrical patients:** OGA's policy is that each obstetrical patient must sign an OB contract for global maternity medical treatment. The contract consists of a deposit calculated by your insurance deductible and co-insurance. Patients may pay this portion after your pregnancy confirmation or request a payment plan. If a payment plan is arranged, you are expected make the agreed-upon monthly payments.

**Gynecological patients:** OGA's policy is that each patient who is electing to have surgery must sign a financial agreement before the surgery is scheduled. Our billing department will contact your insurance company to ensure authorization of benefits. Payment for any deductible/co-insurance will need to be made a minimum of one week prior to the surgery date.

### **Page 2 of 2**

**Insurance:** It is your responsibility to be aware of your own coverage and to ensure that your insurance is in network with our practice. You will be financially responsible for any services not covered by your

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insurance plan. If your insurance requires a referral from your primary care physician, it is your responsibility to obtain this prior to your appointment with our providers. Without it, you cannot schedule the appointment. You will be asked to present your insurance card at every visit and to notify our staff of any changes to your personal or insurance information.

Co-Payment: If your plan has a co-payment, it is your responsibility to pay your co-payment at check-in. We are required under agreement with your insurance to collect this.

Collections: Should it become necessary for us to turn your delinquent account over to a collection agency; you will be held responsible for any collection agency fees and/or attorney fees. If your account becomes delinquent, OGA reserves the right to dismiss you from the practice. If you wish to remain a patient thereafter, we will keep a copy of your current credit card on file so that we may charge any further outstanding balances.

Bankruptcy: A patient/guardian who files bankruptcy with an attorney/court, will become a self-pay patient for all future services rendered.

Medical forms and records: There is a fee associated with the completion of any medical forms, depending upon the number of pages and complexity of the information requested. Payment is due at the time forms are released. Please allow 5-7 days for completion of requests. If you would like the forms sent to you, your insurance company, or another medical provider, payment will be expected prior to their release. If you request a copy of your medical records, there will be a per-page charge. Payment for the medical records will also be required prior to release.

Assignments of Benefits and Medical Records Release:

I hereby authorize my insurance benefits to be paid directly to the physician, with the understanding that I am responsible to pay non-covered services. I hereby authorize the release of pertinent medical information to insurance carriers.

**\*\*PLEASE NOTE THAT QUEST LAB, LABCORP, NORTHWEST HEALTH (PORTER) AND OTHERS ARE NOT AFFILIATED WITH OBSTETRICAL & GYNECOLOGICAL ASSOCIATES. IF YOU CHOOSE TO RECEIVE TREATMENT OR SERVICES FROM THESE FACILITIES, PLEASE UNDERSTAND IT IS YOUR RESPONSIBILITY TO ENSURE THEY ARE COVERED UNDER YOUR INSURANCE PLAN\*\***

**ACKNOWLEDGEMENT OF OBSTETRICAL & GYNECOLOGICAL ASSOCIATE'S FINANCIAL POLICY:**

I understand that Obstetrical & Gynecological Associates agrees to bill my insurance carrier as a courtesy to me. I understand that I am ultimately responsible for payment of all services. I have read the Financial Policy and understand and agree to adhere to this policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*This authorization applies unless voided in writing at a later date\*\*\***