

Atlanta Women's Healthcare Specialists, LLC
275 Collier Road, NW, Suite 250, Atlanta, Georgia 30309

FINANCIAL POLICY

Patient Name: _____ **Account #** _____
(Please print) (Please print)

Atlanta Women's Healthcare Specialists providers are committed to meeting your health care needs! We are pleased that you have chosen us! Listed below are our financial policies. If you have any questions, please discuss them with our financial team.

Patient Responsibility

1. All co-payments are due at the time of visit. Post dated checks are not accepted.
2. Co-insurance and unmet deductibles are due prior to scheduled surgeries and procedures. Once benefits are verified and your financial responsibility calculated, you will be notified of the payment amount and due date.
3. You are ultimately responsible for payment of charges for services you receive from our office.
4. In accordance with your insurance member handbook, it is your responsibility to provide accurate insurance information and to present your insurance ID card at the time of your visit. If you do not have insurance or do not present a valid insurance card, you will be responsible for payment at the time of service. We will provide you with a copy of our billing form so that you can obtain reimbursement from your insurance company.
5. It is your responsibility to ensure that our physicians are in your insurance network.
6. If your plan requires a referral, it is your responsibility to obtain this prior to being seen by our provider.
7. Cancellations for appointments and procedures must be received at least 24 hours prior to the scheduled appointment. Cancellations for scheduled surgery must be received at least 5 days prior to the scheduled surgery date and time.
8. Payment is due for rendered services 10 days from receipt of your billing statement. Unpaid previous balances must be paid in full prior to any additional visit unless arrangements have been made with our financial counselor.

Fees

1. The returned check fee is \$30.00.
2. Patients who fail to keep and fail to cancel a scheduled appointment may be charged a \$50.00 No Show Fee. There is a \$200.00 cancellation fee for scheduled surgeries that are cancelled less than 5 business days from the date and time of surgery unless cancellation is due to insurance denial or medical necessity.
3. Medical records requests must be received in writing at least 72 hours prior to the date needed. Fees for medical records are set in accordance with allowable amounts as defined by the State of Georgia. Fees must be received prior to record delivery. No more than 5 pages may be faxed. *We strongly discourage faxing medical records unless the recipient has a dedicated and personal fax for delivery.*
4. When a physician treats you via telephone after hours it is for emergencies only. Therefore, routine problems that require history, diagnosis, and treatment (i.e., calling a prescription or refill into a pharmacy), the provider **may** bill a \$50 or \$75 service fee. There is no charge for labor related calls, OB problems, and emergent medical issues.

_____ (Initial) **I have read and understand this Financial Policy and accept these terms.**

Administrative Services

There is a fee for patient Administrative Services. Our office collects an OPTIONAL Administrative Service Fee of \$5.00 per office visit for Gynecologic visits and \$75.00 per pregnancy for Obstetrical visits (payable at the beginning of the Prenatal Care) which covers **all** forms that need to be completed during your pregnancy. **YOU ARE NOT REQUIRED TO PAY THIS FEE;** however, if you choose not to pay the fee there is a \$20.00 charge for **each** required Administrative Service payable prior to service completion.

This Administrative Service Fee covers specific administrative services such as forms completion for family medical leave and disability, letters for insurance authorizations for brand or non-formulary drugs, letters for employers, school, health clubs, and any other administrative item not covered by insurance.

_____ (Initial) **I accept the Administrative Service Fee. I will pay \$5.00 today. (GYN)**

_____ (Initial) **I accept the Administrative Service Fee. I will pay \$75.00 today. (OB per pregnancy)**

_____ (Initial) **I do not accept the Administrative Service Fee. By declining the Administrative Service Fee, I understand that I will be charged for each Administrative Service requested.**

By my signature below, I acknowledge that I have read and understand this Financial Policy.

Patient Signature _____ Date _____

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EXAMPLES OF ADMINISTRATIVE SERVICE FEES FOR PATIENTS NOT ACCEPTING ADMINISTRATIVE SERVICE FEE

Specific forms include but are not limited to:

1. Completion of forms: \$20/form
 - a. Marriage License
 - b. Foreign Travel
 - c. FMLA, disability, life
 - d. Adoptions
 - e. Camp
 - f. School
 - g. Health Club
 - h. Letters for insurance authorizations of brand or non-formulary drugs
 - i. Other miscellaneous administrative forms or letters required by third parties other than your health insurance company
 - j. Other miscellaneous letters or forms requested by patient
2. Patient requested, computer generated reports (payment history, extra claims, report statements, etc.)
\$20 per request
3. Items not listed above and not covered by insurance will be priced when requested.

In all cases, payment is required prior to release of the requested information.