



City of Oaks
MIDWIFERY

Financial Policies and Procedures

To Our Patients:

Declining insurance reimbursements as well as increasing paperwork required by insurance companies has caused an increase in our staff and provider time and resources. We have found it necessary to impose the fees discussed below. These fees will not be billed to your insurance carrier and will be your responsibility. We are happy to discuss any questions you may have regarding these financial policies.

We are pleased to participate in your health care and look forward to establishing a lasting relationship as your health care provider. These policies and procedures will establish the expectations you will receive from the Unified Women's Healthcare providers and also what we expect from you as our patient.

1. **Appointments:** Please arrive 15 minutes prior to your appointment time. Failure to submit completed demographic information forms or this Financial Policy form may subject you to reschedule your appointment.
2. **Co-Payments, Deductibles and Fees:** Co-payment, insurance deductibles and fees for service not covered by your insurance policy are typically collected at the time a service is rendered. We accept Cash, Visa and MasterCard. For elective procedures, personal checks must be presented no less than seven (7) days prior to the procedure, allowing enough time for the check to clear the bank, or we will accept cashier's checks. There is a returned check fee.
3. **Insurance:** Patients must complete and sign information/insurance forms prior to seeing the provider. A current insurance card must be presented at each visit, if not you will be responsible for payment in full at the time of visit. You will receive a refund (within 30 days) upon payment by your insurance company. If Unified Women's Healthcare is not contracted with your insurance carrier, you are responsible for payment in full at the time of your visit. If your insurance company deems your visit a non-covered service, you will be responsible for payment in full.

4. Mail Order Medications: You are responsible for obtaining any necessary insurance prior authorization requirements for your current medications. Please provide the appropriate completed forms at the time of your visit for us to accommodate your needs.
5. After Hours Consultations/RX Refills: For non-emergent issues or prescriptions we ask that you please call during regular office hours; otherwise; a charge may be billed to you.
6. Missed Appointment: You (not your insurance company) will be charged for a missed appointment unless cancelled 24 hour in advance.
7. Lab Bills: If you have questions about your bill, please contact LabCorp directly.
8. Past Due Accounts: Payment is due when services are rendered. If we file your insurance claim and the insurance company satisfies their responsibility, but there is a remaining balance that is your responsibility, you will receive two bills from Unified Women's Healthcare. If you have not paid in full or arranged and honored a payment plan within the two (2) months, we will refer your account to a collection agency. They in turn will report your past due status to a Credit Reporting Agency. Any fees incurred by Unified Women's Healthcare for Attorney or Court costs will be your responsibility.
9. Visits: Please be aware that most insurance companies cover one (1) preventive physical visit per plan year. Additional visits will qualify as problem visits and billed as such. It is your responsibility to verify your benefits and financial responsibility before your appointment.
10. Completion of Forms: A fee will be charged as patient responsibility for completion of forms and must be paid prior to the release of the form, including but not limited to the following:
 - a. Disability
 - b. FMLA
 - c. Leave of Absence

This is an agreement between you, the patient, and Unified Women's Healthcare. By signing this agreement, you agree to abide by all the policies and procedures stated within.

Patient's Name: _____

Signature: _____

Date: _____

Witness: _____