



OFFICE FINANCIAL POLICY

We value our relationship with our patients. This financial policy has been established to prevent misunderstandings.

1. It is your responsibility to keep the practice updated with the most current information (insurance, address, phone, e-mail address, etc.) for you.
2. Any questions regarding benefit issues or physician participation status should be directed to your insurance company.
3. We require 24 hours prior notice to cancel an appointment. A \$50 charge is applied to all un-kept appointments.
4. Payment is expected at the time of service. If payment is not made at the time of service, a \$10 administrative/billing fee will be added to your account.
5. We will file a claim on your behalf to all insurers we are currently participating with. If we are not participating with your insurer, you are responsible for submitting your own claim and paying in full at the time of service.
6. We do not participate with all insurers. Some insurers require you to see a participating physician to receive your full benefit, including, but not limited to Medicaid, Family Health Plus, Child Health Plus, Blue Choice Option, MVP Option, Blue Cross/Blue Shield Healthy New York, UHC Community Plans, etc. If you have one of these insurances and choose to have services rendered in our office, you understand and agree that if you see a participating physician there will be little or no cost to you, that ParkWest Women's Health is not participating with your insurance, and you will be responsible for payment in full.
7. If you choose to have services rendered at our office and are insured by Champus/Tricare, you understand and agree that we are not a participating physician and you will be responsible for a portion of your visit.
8. Returned checks will incur a \$25 returned check fee. In the event of a second returned check, your privilege to pay by check on future visits will be terminated and you will be expected to pay with cash or credit card.
9. It is understood and agreed that in the event any outstanding balance has to be referred to a collection agent or attorney for recovery, the patient will be fully responsible for any cost, including, but not limited to attorneys fees.

Please sign below to indicate that you have read and fully understand this policy.

Print full name

Signature

Date