Brandon Gynecology
ASSOCIATES, PA
Compassionate Care for Women

Financial Policies

Thank you for choosing Brandon Gynecology Associates, P.A. We are committed to compassionate, personalized gynecological care in a friendly and confidential environment. Before we provide medical services, we require that you review our Financial Policies and agree in writing to accept them.

Payment Required at Time of Service
Payment is required at the time of service. This policy applies to estimated co-insurance and co-payments under your health insurance policy, provided that we are a participating network provider. If we are not a network provider for your insurance plan or if you do not have insurance, we require full payment at the time of service. We accept cash, VISA, MasterCard, and personal checks. If your check is returned for insufficient funds, we charge a penalty of $25.

Credit Card on File
You have the option to leave a credit card on file with our office. We will charge this card for any unpaid balance (up to a maximum limit you determine) on your account 60 days after service. If you need additional information, please ask at the front desk.

Policy for Filing Insurance
We participate with most major insurance plans. Individual plans vary in their benefits, in the services that they consider to be medically necessary, and in their financial requirements. We may not have all the information that we need about your insurance benefits, and we encourage you to contact a representative of your insurance company for answers to questions regarding your insurance benefits.

When you come to our office, please bring a current insurance ID card. We will verify eligibility. If your insurance coverage is current and valid,we will file a claim, providing the insurance company with the medical information that is necessary to determine benefits, process the claim, and pay us directly. If we cannot verify your insurance or if you are not eligible for insurance, we will consider you to be self-pay and financially responsible for the cost of your care at the time of the visit.

In some cases, your insurance company may not cover the medical services we provide or may determine that some of the services are not medically necessary. If either of these two cases arises, you are financially responsible for the care you receive.

If you require an office procedure or a hospital surgery, you are responsible for any unmet deductible and for your co-insurance. Our bills for service do not include anesthesia, hospital care, radiographic studies, pathology studies, or laboratory tests. If you receive any of these services, you will receive a separate bill from the facility where the services were performed.

If we are not a participating provider with your health insurance plan, we will be happy to submit a claim on your behalf to your insurance company.

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Minor/Patients under Guardianship
An adult parent or legal guardian accompanying a minor patient or a patient under guardianship is responsible for the payment of the patient's account regardless of who holds the insurance policy. Unaccompanied minors may be denied non-emergency treatment until a parent or guardian is present or until such time as we receive written permission for treatment and payment arrangement for the account.

The exception to this policy is in keeping with North Carolina law. Brandon Gynecology Associates, P.A. will accept a minor's consent for the prevention, diagnosis, or treatment of any of pregnancy, sexually transmitted disease, any reportable communicable disease, substance abuse, or emotional disturbances.

Refunds
If you make an overpayment on your account, we will process refunds no later than the 15th day of the month following the month in which we processed the overpayment. If we are providing ongoing treatment, at your request we can apply the overpayment to future balances.

Collection Agency
Patients with outstanding balances of more than sixty days must make arrangements to be placed on a payment plan prior to scheduling future appointments. If payment arrangements are not made and the account is more than 90 days past due, we may turn the account over to a collections agency. Once the collection agency has your account, you are responsible for direct payment to the agency.

I understand and agree to the above policies.

Signature of Patient (or Parent/Guardian): _____ Date: _____

Please complete this form and bring it with you at the time of your visit