

Treatment and Payment Agreement

TREATMENT AND CONSENT AUTHORIZATION

I consent and authorize Brandon Gynecology Associates, PA to examine me and perform all treatments for this and all following visits, including, without limitation, prescribed medications, performance of diagnostic procedures and laboratory tests deemed necessary or advisable by the attending physician. This consent and authorization is given in advance of any specific diagnosis or treatment and continues until revoked in writing.

INSURANCE PLAN BENEFITS

Brandon Gynecology Associates, PA participates with multiple insurance plans, each of which has a different benefit package and regulations. I understand, acknowledge, and agree that it is my responsibility to familiarize myself with my insurance benefits and to advise Brandon Gynecology Associates, PA staff regarding my insurance coverage. I understand, acknowledge, and agree that I am fully responsible for all charges, including, without limitation, laboratory tests that my insurance plan does not cover.

PAYMENT AGREEMENT AND FINANCIAL POLICIES

Brandon Gynecology Associates, P.A. will file insurance claims with my insurance carrier for services provided to me. I understand, acknowledge, and agree that Brandon Gynecology Associates, PA must collect my co-payments and deductibles at the time when service is rendered. I am required to present my insurance card at the time of the visit. Without a current insurance card, Brandon Gynecology Associates, PA cannot file my insurance claims appropriately and I will be responsible for the payment of all charges. If my insurance coverage changes, I agree to notify Brandon Gynecology Associates, PA at the time of my visit. If Brandon Gynecology Associates, PA cannot re-file claims, I will be responsible for full payment.

RETURNED CHECKS

Brandon Gynecology Associates, PA accepts personal checks, cash, MasterCard, and Visa. I understand, acknowledge, and agree that if my check is returned for any reason, I will be charged \$25.00. Going forward, Brandon Gynecology Associates, PA will require me to pay for all future visits by cash or credit card.

LABORATORY TESTS

Laboratory tests are normally drawn at the Brandon Gynecology Associates, PA office. Some insurance companies require patients to go to a particular laboratory. Carolina Medical Labs (CML) performs the majority of laboratory tests for Brandon Gynecology Associates, PA. For most but not all tests performed by CML, that entity, not Brandon Gynecology Associates, PA, will bill the patient directly.

NO-SHOW POLICY

I understand, acknowledge, and agree that if I miss an appointment without providing 24 hours advance notification Brandon Gynecology Associates, PA will charge me \$35.00 for a scheduled office visit and \$50.00 for a scheduled surgical appointment and ultrasound. I will be responsible for paying the penalty prior to my next scheduled visit.

I have read, understand, and agree to this policy.

Signature of Patient or Legal Guardian _____ Date _____

Printed Name of Patient or Legal Guardian _____