



## 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 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, Care Credit, and personal checks. If your check is returned for insufficient funds, we charge a penalty of \$25.

**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 card and photo ID. We will verify eligibility. If your insurance coverage is current and valid, we can file a claim on your behalf. 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. Brandon Gynecology's bills for hospital services are just for the care of our provider. Our hospital bills 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 hospital 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.

**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.

continued

## Financial Policies

Page 2 of 2

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 pregnancy, sexually transmitted disease, any reportable communicable disease, substance abuse, and/or emotional disturbances.

**Refunds.** Once your visit/procedure/surgery insurance claim has been processed and paid by your insurance company, we would see if you made an overpayment on your account. This can be a long process based on the speed of the insurance company processing your claim. We process refunds quarterly or 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. We may require the balance be paid in full prior to any further appointments. We may require payment of any outstanding bad debts prior to 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 collection 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.**