



Patient Financial Policy

Your clear understanding of our Financial Policy is important to our professional relationship. Premier Women's Health, PLLC (PWH) is committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Please ask if you have any questions about our fees, Financial Policy or your responsibilities.

To establish your financial account with PWH, you must first complete our Patient Registration Form and return it to the Front Office staff. It is YOUR responsibility to notify us of any changes.

In our effort to better serve you and to alleviate unnecessary billing confusion over patient balances we require you to pay all your co-payments, deductibles, and co-insurance at the time of service.

We accept the following forms of payment: cash, checks and all major credit cards. As a convenience to our patients, we will assist you with applying for care credit for certain procedures, surgeries and/or deliveries.

The parents (or guardians) of minors treated at PWH are financially responsible for full payment of the minor's account.

INSURANCE

Insurance is a contract between you and your insurance company. We are NOT a party to this contract. We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, co-insurance, covered charges, secondary insurance and/or coordination of benefits, "usual and customary" charges, pre-existing conditions, etc., other than to supply factual information as necessary.

Insurance companies require that all claims must be submitted within a specified time of service. If there are any changes to your insurance policy, you must notify us and update your Patient Registration Form, or you may be financially responsible for any amounts denied by insurance.

If your insurance company has not paid the full balance for any office visit, procedure, surgery or delivery within sixty (60) days; PWH may deem the balance your responsibility. We will mail you a statement every 30 days at which time any unpaid balances are due and payable upon receipt. If payments of any remaining balances have not been made within ninety (90) days of receiving your first statement, your entire balance may be sent to an outside collection service. You will be responsible for any additional expense of collections, including but not limited to, collection service fees and attorney's fees.

All prior balances must be paid in full prior to entering an OB Addendum or Surgical Addendum.

PPO/HMO

Each time you make an appointment with any provider at PWH, it is your responsibility to make sure your provider and PWH are currently under contract with your plan. Verification of your plan is required: therefore, you must show your current card to our Front Office Staff at check in for each visit. If we are not currently a participating provider in your Insurance Plan, you are responsible for full payment of your visit at the time of service.

MEDICARE/MEDICAID

The federal government requires that all Medicare/Medicaid claims be filed directly by PWH. Therefore, you must show your current Medicare/Medicaid card to our Front Office Staff at check in.

By signing below, you acknowledge that you have received a copy of this notice. You further acknowledge that you have read and understand the information contained in this Financial Policy.

Patient Name (Printed)

Patient Signature

Date