

**Raleigh OB/GYN Centre P.A.**  
**Financial Policy**

**WELCOME TO RALEIGH OB/GYN CENTRE.** We look forward to providing you with the highest quality care and trust. We hope you will find our staff friendly and helpful. Our office participates with many major insurance companies. Due to the complexities of individual plans, it is impossible for us to know about your specific benefits.

- Please have your current insurance ID card available at each visit so we can avoid filing errors. Errors and changes in policy coverage prevent us from filing your insurance with only a policy number and company name therefore we will **not** file insurance for you without a copy of your current ID card. . If at any time your insurance should change, especially during pregnancy, our office must be notified immediately of the change to accurately file claims.
- The cost of medical care is determined by the nature and complexity of your illness or the reason for your visit. There is no “flat rate” for examinations and treatment. Insurance is a contract between you and your insurance company. As a service to you, our office makes every reasonable effort to obtain payment according to your coverage. Regardless of the type of insurance coverage you have, you are ultimately responsible for paying your medical bills. If your insurance company rejects the claim or delays payment, the office will bill you after 30 days for those charges. It is, at all times your responsibility to follow up on all requests from your insurance company regarding claims and to question your insurance company about any unpaid claims.
- All co-payment, co-insurance and deductible amounts are due and payable at the time of check-in. This policy is in accordance with the legal requirements for collecting patient responsibility amounts. All charges are due and payable 60 days from the date of service. Unresolved balances may be placed with an outside collection agency and may also be subject to finance charges, attorney fees and collection agency fees.
- The responsibility for payment for services rendered to any dependent children whose parents are divorced or separated rests with the parent who seeks treatment. Any court ordered responsibility judgment must be determined between the individuals involved without the inclusion of our office.
- Failure to provide necessary referrals and/or authorizations will result in all charges for services becoming the sole responsibility of the patient/responsible party.
- Self-pay individuals will be expected to pay in full at the time of service and are offered a 20% discount for payment in full.
- A \$25.00 service charge will be applied to your account for all returned checks.
- Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of \$50.00. Please help us serve you better by keeping scheduled appointments.

- Our practice accepts Visa, Master Card, American Express and Discover for your convenience. We also accept personal checks and cash. We deliver the finest care at the most reasonable cost to our patients, therefore, payment is due at the time the service is rendered unless prior payment arrangements have been made. In most cases your insurance plan requires you to make a co-payment at your visit. We will ask for your co-payment upon check-in. If you are unable to pay your co-payment we may ask that you reschedule your appointment.
- We offer a flexible payment program called Care Credit for our patients requiring financial assistance. Complete a short application in just a few minutes and receive a response within seconds. The plan is ideal for large deductibles and treatment not covered by insurance. Interest free and low interest monthly payments as well as extended payment plans are available.

Thank you for reading and cooperating with the policies of Raleigh OB/GYN Centre, P.A.. It is our hope that the above financial policy will allow us to provide quality care to our patients. If you have any questions or need clarification on any of the above policies, please do not hesitate to contact our Business Office.

**Authorization:**

I agree to abide by the terms of the above financial policy and accept responsibility for any balance not covered by my insurance company, therefore, I authorize my insurance company, attorney or other parties to pay directly to Raleigh OB/GYN Centre, P.A. and/or provide any information regarding payment of my bill. If my account becomes delinquent, I agree to pay all costs incurred in collecting the account, including a reasonable attorney's fee.

I authorize the physician in charge to administer medical care as is necessary, including allowing release of records or medical reports on my physical condition to any party involved in my treatment.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_