

ATLANTIC OBSTETRICS & GYNECOLOGY FINANCIAL POLICY

The primary goal of our practice is to provide you with the finest care possible. In order to do this, we must also outline our financial policy.

As a courtesy to you, we will file your insurance with your insurance company. We ask that you keep us informed of any insurance changes and provide us with your policy number and your insurance card so that we may keep a copy on file.

If for any reason your insurance company does not pay on your account in a timely manner or denies any dates of service, you will be responsible for the balance on the account, regardless of your insurance. Your insurance is a contract between you and your insurance company and any unpaid balances on your account is your responsibility. We do require that all co-pays or cost-shares be made at the time of service.

Statements are mailed out on a monthly basis. You will receive a bill from us whenever your insurance company pays on a charge and leaves a balance due which is your responsibility. We ask that all bills be paid within ten (10) days of receipt of the statement, unless, prior arrangements have been made with our billing office. If for any reason you do not receive a statement, it is your responsibility to contact our office to ensure that your account has been satisfied by your insurance company. In the event that you move or have a change of address, it is your responsibility to inform us of your new address. Statements returned to us by mail will be forwarded to collections if no forwarding address can be obtained.

SELF-PAY

As a self-pay patient, we ask that payment in full be made at the time of service. On a case by case basis, you may make arrangements in advance to set up a financial agreement with one of your Insurance/Billing Coordinators.

CONCLUSION

If you have any questions regarding your account or if you wish to set up financial arrangements, please do not hesitate to contact our Insurance/Billing Coordinators at (757) 463-1234 or (757) 548-0044 and press option 3 for billing. They will be happy to assist you.

Thank you.

Atlantic Obstetrics & Gynecology, PC files your insurance as a courtesy to you. If a co-payment or co-insurance is due from you, your insurance company, HMO, or managed care company requires us to collect this payment at the time of service. We accept cash, check, MasterCard, and Visa.

SIGNATURE

I certify that I have read and understand the above financial policy.

Signature: _____ Date: _____

Witness: _____ Date: _____