

OB-GYN HEALTH CENTER

Office Policies

1. **Insurance Benefits:** Payment is expected at the time of service. This includes copays, co-insurance, and any remaining deductibles. **Please note**, all benefit information is provided to us by your insurance company. If there are any discrepancies with your benefits, we ask that **you** contact your insurance company.
2. **Financial Responsibility:** Upon checking in, our staff will inform you of your financial obligation for your appointment as well as any past due balances. Payment at that time will be requested.
3. **No Show Policy:** Our office enforces a “No Show” policy. We ask that if you must cancel your appointment that you kindly give us a 24-hour notice. **New Patient appointment** “No Show” fee is **\$50.00**. **Established Patient appointments** “No Show” fee is **\$25.00**. The “No Show” fee is required to be paid before another appointment can be schedule.
4. **Surgical Fees:** At the time your procedure/surgery is scheduled our office will notify you your estimated financial obligation. Your obligation is expected to be paid no later than your pre-op visit. Failure to pay your portion may result in your procedure/surgery being reschedule.
5. **Insurance Processing:** Our office will file primary insurance plans ONLY. If you are submitting your own claim you will be given the information needed when you check out to forward to your insurance company.
6. **Medical Records:** There is a \$1.00 per page for the first 25 pages, and \$0.25 for each additional page. Allow 72 hours for your request to be fulfilled. Medical Record request can be printed from our website; **obgynhealthcenter.org**
7. **FMLA and Disability Forms:** There is \$5.00 Administration fee for each form. The fee is to be paid prior to completion of forms.

I certify that I have read and understand the above office policies.

Patient Signature

Date