

LAKESIDE OB/GYN, S.C. FINANCIAL POLICY

This financial policy applies to all patients and specifies what the patient's responsibility is regarding services rendered based on the type of insurance policy covering the patient's medical care.

The patient's health insurance is a contract between the patient and the insurance company and is a vehicle for the patient to help pay for medical care. The patient is ultimately responsible for timely payment for services rendered. It is the patient's responsibility to negotiate with the insurance company for unpaid services.

Our fees may or may not be considered usual and customary by the patient's insurance company. Different insurance companies use different equations to form a fee schedule. We are contracted with some specific HMO's and PPO's on fee schedules, but not with all companies.

OUT OF NETWORK: Patients will be required to keep a credit card on file.

HMO: Lakeside OB/GYN, S.C. contracts with a few specific Health Maintenance Organization (HMO) insurance plans. It is the patient's responsibility to understand the referral system and to notify our office of any paper referral policy before she is seen by us or by any specialist we might recommend. The referral must be in our office on the date of the patient's visit or we will reschedule the patient's appointment. Co-payments are due on the date of service. We may require a credit card to be kept on file.

POS or PPO: Lakeside OB/GYN, S.C. contracts with certain Point of Service (POS) and Preferred Provider Option (PPO) plans. These plans all pay differently. The patient is responsible for knowing the specific rules of their insurance. Due to the increasing number of these types of plans, with unique plans specific to the needs of the employer, we cannot assume responsibility or guarantee payment for services rendered. Co-payments are due on the date of service. Prepayment of the patient portion is required for all pregnancies and non-emergent surgeries.

As a courtesy your claim is filed to your insurance. If the insurance company questions any reimbursement, the patient is responsible for resolving those issues. The patient bill remains due and payable within 10 days. Payment arrangements can be made. If more than one statement is sent, late fees will be charged and added to account.

If it becomes apparent that the patient does not intend to satisfy her financial responsibility, a collection agency will be employed to pursue collection of the account. If an account is forwarded on to a collection agency the patient will be charged and held responsible for all collection fees incurred by Lakeside OB/GYN, S.C. in collecting the debt. These charges will be automatically added to the account and will increase the amount you owe by 30%.

To avoid any misunderstanding, we invite you to discuss payment arrangements with our office. If you would like to keep a health savings account or personal credit card on file, please let us know.

ACKNOWLEDGEMENT/AUTHORIZATION

By signing below, I acknowledge my understanding and agreement with the information contained in the credit policy outlined above.

SIGNATURE

DATE

PRINTED NAME

RELATIONSHIP TO PATIENT IF OTHER THAN SELF