

***Broadway Ob/Gyn
Financial Policy and Patient Responsibilities***

Thank you for choosing Broadway Ob/Gyn as your medical provider! The following is a statement of our Financial Policy which we require you to read and sign prior to receiving any services.

Insurance

Our practice participates with most health insurance plans. Insurances vary in their coverage and it is the ***patient's responsibility*** to understand his/her medical benefits. Please bring your insurance card with you at the time of your appointment, it will be scanned into our system. This is to ensure that the information we have is correct, and that your insurance plan is current.

Credit Card Policy

We require a valid credit card on file prior to services being rendered. Your credit card will not be charged until 60 days after the services provided have been processed by your health insurance and the balance deemed your responsibility.

Co-Pays, Co-Insurance and/or Deductibles

All office ***co-pays*** are to be paid at the time of service. ***This is an insurance company policy.*** We accept cash, check, Visa, Mastercard, Discover and American Express.

Deductibles vary among insurance plans. Health insurance deductibles require the insured pay a certain amount out-of-pocket toward his/her health coverage before the insurance company has to begin paying under the policy. Most deductibles are payable beginning January 1 of every new year. Please check with your insurance company to determine the amount of your plan deductible.

No Insurance or Self-Pay

Payment will be due at the time of service. If you are unable to pay your balance in full, we will gladly arrange a payment plan. Arrangements must be made with our Billing Department prior to your appointment.

The following fees will not be filed with your insurance carrier, they are the direct responsibility of the patient:

No-Show

Any patient that does not show for their scheduled appointment and does not call in advance to cancel the visit, will receive a \$50 “no show” charge. Payment is due upon receipt of statement. If payment is not made within 30 days, the patients credit card will be charged.

* This policy does not apply to patients who call to cancel their appointment 24 hours or more in advance of the scheduled visit.

(Initial)

Forms / Letters / Copy of Medical Records

There is a charge for completion of all forms, letters, or copying of medical records. Payment must be made prior to the forms, letters or medical records are given to the patient. There will be a charge of \$15 - \$35 for the completion of medical forms (charge is based on number of pages and complexity of information requested). Copying of medical records is charged according to the state guidelines. Please allow 5 – 7 business days for the completion of these forms.

(Initial)

I have read, understand, and agree to the financial policies as outlined in Page 1.

I acknowledge full financial responsibility for services rendered by Broadway Ob/Gyn. I understand that I am responsible for prompt payment of any portion of the charges including co-pays, deductibles and co-insurance amounts. I understand that payment of co-pays, deductibles and co-insurance amounts is expected at the time of visit. I agree to be responsible for all reasonable attorney fees and collection costs in the event of default of payment of my charges.

Print Patient Name: _____ Date _____

Signature of Patient or Responsible Party _____

