

OB-GYN ASSOCIATES OF OAK RIDGE, P.C. PAYMENT POLICY

Thank you for choosing us as your healthcare provider. We are committed to providing you with quality and affordable health care. Because some of our patients have raised questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, and ask any questions, you may have, and sign in the space provided. A copy will be provided to you upon request.

1. *INSURANCE* We participate in most insurance plans, including Medicare. If you are not insured by a plan we are in contract with, payment in full is expected at each visit. If you are insured buy a plan we are in contract with but do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing and understanding your insurance benefits is your responsibility. Please contact your insurance company regarding your coverage.

2. *CO-PAYMENTS AND DEDUCTIBLES* All co-payments and deductibles must be paid at the time of service. This arrangement is part of the contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

3. *NON-COVERED SERVICES* Please be aware that some, and perhaps all, of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of your visit.

4. *PROOF OF INSURANCE* All patients must complete our patient information form before seeing their healthcare provider. We must obtain a valid copy of your current driver's license and insurance card.

5. *CLAIMS SUBMISSION* We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company. We are not a party to that contract.

6. *COVERAGE CHANGES* If your insurance changes, please notify us before your next appointment so we can make the appropriate changes too. If your insurance does not pay for your claim in 60-days, the balance will automatically be billed to you.

7. *NON-PAYMENT* If your account is over 90-days past due, you will receive a letter stating that you have 14-days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Be aware that if a balance remains unpaid, we will refer your account to our collection agency. You and your immediate family members may be discharged from our practice. If this is to occur, you will be notified by regular and certified mail that you have 30-days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

8. *MISSED APPOINTMENTS* You will be charged \$25.00 for missed appointments not canceled or rescheduled 24-hours in advance. If you are a surgical patient the fee is \$100.00. You must pay this fee before we can schedule another appointment for you.