

WOMAN'S GROUP OF MERIDIAN FINANCIAL POLICY AND AGREEMENT

Welcome to our practice. We appreciate your selection of this office to provide you with health care. It is our goal to provide you the best possible patient care.

FEES - Our charges are based upon the severity and complexity of your illness. The physician selects the level of service based on these requirements. We regard our fees as reasonable and in keeping with prevailing charges in the area. We are always happy to discuss fees with you, and an estimate of proposed fees would be given for any surgical procedure when requested. Fees/charges are subject to change at any time.

PAYMENT – We request payment for office charges at the time of service. You may use cash, check, MasterCard, or VISA. All co-payments, deductibles, and other amounts not covered by your insurance are your responsibility. Compliance rules set forth by federal and state governments require us to collect copayments. You should be prepared to pay these amounts at the time of your appointment. **There will be a \$40.00 NSF fee charged to your account for any checks returned.** You are responsible for payment of services rendered by Woman's Group of Meridian. If you are under 18, parent or guardian requesting treatment assumes responsibility. Full payment is due at the time of service unless you are covered by a contracted insurance or third party coverage plan. ***If your account becomes delinquent and all efforts have been made to collect on your balance, your account may be referred to an outside Collection Agency.*** If your account should ever require action by a collection agency or attorney in order to collect the balance owed, fees charged by these agents may be added to the balance due on your account.

INSURANCE - We will file a claim to your insurance as a courtesy to you, but you will be responsible for any co-payment, non covered services, deductible, and/or co-insurance. Please be sure that we have your most current demographic and insurance information at all times. It is your responsibility to provide us with this information. Insurance companies have a time limit in which a claim can be filed. Please notify us immediately if your insurance changes to ensure your claim will be billed to the correct carrier.

Your insurance is a contract between you, the patient, and your insurance company. Your insurance company may notify you of claims denied or applied to your deductible. They do not always notify us. It is your responsibility to follow up on a claim to your insurance carrier if you feel it is not being paid promptly or properly. *In accordance with State of Mississippi regulation, a health insurer is required to pay its claims within 45 days. Should your insurer fail to process a claim within 45 days, they are in violation of the regulations of the State of Mississippi. If you feel your insurer is in violation of the regulations, you may want to contact the MS Department of Insurance.* If your insurance claim has not been processed within 45 days, we will transfer the balance to your responsibility.

Insurance companies have a schedule of fees in which they will pay. Your physician's fee may be more or less than the schedule of your insurance company. We are network providers with many insurance companies. Please check with your insurance company to ensure your doctor is listed as a network provider. **Since every insurance plan is different, be sure to check your coverage and ask questions of your carrier. It is your responsibility to know your coverage and benefits.** Many insurance companies require pre-certification for procedures, some plans may pay 100% for annual wellness exams or do not cover wellness exams at all. A non covered service is any service that is denied by your insurance carrier due to benefit descriptions or limitations, policy exclusions, or pre-existing waiting periods. Non-covered services will be the responsibility of the patient. For your own peace of mind, we advise that you know your insurance benefits. **However, you are ultimately responsible for the FULL payment of your account and for questioning your insurance company about delays in payment and/or the amounts they pay.** Woman's Group of Meridian can only code and file a claim for your visits with a diagnosis that was encountered and documented in your medical records. Thus to ask this office to change a diagnosis solely for the purpose of securing reimbursement from an insurance carrier is inappropriate and may result in a fraudulent act.

MEDICAL RECORDS/AND DISABILITY FORMS - All information will be kept in your medical file in our office and will only be passed on to other medical facilities with your written permission. If another physician needs your records, with your permission, copies will be sent at no charge. There is a fee if you request copies sent to someone other than healthcare providers. Disability forms will usually be processed the day we receive them. There is a **\$10.00 per form fee** for disability forms. For questions regarding your medical records or disability forms contact the medical secretaries at 482-1002 X 233 or 234.

BILLS FROM HOSPITALS, RADIOLOGY, LABORATORIES, OR OTHER HEALTHCARE PROVIDERS- If your medical services require blood work, a culture or a biopsy; the specimen may be sent to an outside laboratory for analysis. When this occurs you may receive separate bills from that laboratory. If your medical care requires an ultrasound study that is performed in our office, the films may be sent to an outside radiologist for interpretation. You may receive separate bills from the radiologist for the interpretation fee. If you receive medical care for hospital inpatient or outpatient services, you may receive separate bills from the hospital, anesthesia department, or other healthcare providers involved in your care.

I have read this document and I understand my financial responsibilities. I agree to all the terms and conditions and any revisions to those terms and conditions.

Signature of Patient

and/or Parent, If Patient under 18

Date

If you have any questions about payment options or financial responsibilities, please contact our Financial Services Department at (601) 482-8670. For further information about this policy, contact: Darlene Butler, Practice Manager at (601) 482-1002 Ext 225.



PLEASE KEEP FOR YOUR RECORDS

Explanation of Medical Billing

For all medical services we provide, we will submit a claim to your Insurance Company. It is extremely important that we have accurate information about your insurance. You will be responsible for any co-payment, deductible, co-insurance, and/or non covered service. A non covered service is any service that is denied by your insurance carrier due to benefit descriptions or limitations, policy exclusions, or pre-existing waiting periods. Non-covered services will be the responsibility of the patient.

After we receive the EOB (explanation of benefits) from your insurance company, we will determine the amount, if any, that you still owe. Your statements will reflect this amount.

You are ultimately responsible for the FULL payment of your account and for questioning your insurance company about delays in payment and/or the amounts they pay.

Introduction

Medical insurance involves 3 common forms of payment to physicians. These are the **co-pay**, the **deductible**, and the **co-insurance**.

The fee

Medical billing is called fee-for-service. The doctor provides services, and for each service, there is a fee (or a charge). The amount you owe is usually less than the full fee due to fee-reduction contracts between the doctor and your health insurance company. Contrary to what many people believe, insurance does not “cover everything”.

The co-pay

The co-pay is the amount of money that you owe up front for every doctor visit. Each insurance plan is different. The co-pay might vary in amount or there might be none. The co-pay needs to be paid in advance at the time of your visit. Some co-pays are as high as \$50.00.

The deductible

Many patients have an annual deductible. This is money that the insurance company will determine is owed to the physician, but that the patient has to pay. When a balance due is applied to your deductible, you owe this money to the practice.

The co-insurance

This is the percentage of the fee that is owed to the physician based on your plan. The amount depends on what the insurance has approved for payment. You owe the co-insurance amount to the practice.

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