

# Women's Associates P.C.

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## OFFICE POLICY

1. It is the sole responsibility of the patient to provide us with correct insurance information. Without a copy of the insurance card, the patient will either need to pay in full that day or the appointment will need to be rescheduled.
2. The patient is responsible for following up on denied claims for their insurance company.
3. Co pays are due at the time of service. if you do not have your co pay, your appointment will be rescheduled.
4. As a courtesy we do make confirmation calls. At times this may not be possible but it is the responsibility of the patient to keep all scheduled appointments. Failure to keep appointments may result in discharge from the office.
5. You are required to check in 15 minutes before your appointment time in order to allow us to update any paperwork and to collect your co pay.
6. At times we may be required to reschedule your appointment due to our doctors being called to the hospital for surgery or a delivery. We will do our best to do this in a timely manner.
7. Our office will do a courtesy letter once a year to assist you with work related leave or FMLA. After the first letter, there will be a charge of \$10.00 to the patient.
8. Our office will provide you with one copy of your records free of charge each year. After that, there is a \$15.00 charge for each additional set.
9. After your insurance company has paid, please remember any remaining balance is due in full immediately upon notice. Our office does not offer payment plans. We accept cash, checks, Visa and MasterCard. There will be a \$15.00 charge for returned checks.

## COMMUNICATIONS & CONFIDENTIALITY

To expedite your health care and in the interest of convenience, we may occasionally use cellular or cordless phones to discuss your condition with you or other authorized persons. There is the possibility that unauthorized persons may intercept or hear such conversations. By seeking care at this office you are considered to have accepted this policy.

If you have a telephone answering machine or voicemail, our staff may occasionally leave messages confirming your appointment or for you to return our call. Please be advised this is our office policy.

I verify that I have read and agree to abide by the office policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_