



OB-GYN ASSOCIATES

FINANCIAL POLICY

Thank you for choosing our practice. Our office is committed to providing the best possible treatment and also in assisting you with insurance filing and payment of your account. In order to accomplish this in a cost effective manner, we ask that you adhere to the guidelines listed below.

1. Insurance claims for services provided will be filed and monitored by our parent company, Atlanta Women's Health Group (AWHG). AWHG will file your claim if provided with complete demographic and insurance information. If information is incomplete we are required to collect payment in full at the time of service.
2. We do not accept Medicare and/or any related Medicare Advantage plans offered through other insurance carriers. We do not file claims to Medicare or any of these related plans. Patients with Medicare are required to sign an Opt Out of Medicare Form and to pay cash for services rendered at the time of the visit.
3. We will not be responsible for non-coverage of any services as determined by your insurance carrier. It is the patient's responsibility to verify eligibility and coverage with their insurance company.
4. Most laboratory charges ordered through our office are billed separately to your insurance by either LabCorp., Quest Diagnostics or Phyttest, our lab billing service. If you receive a bill from one of these companies, we ask that you contact them to resolve any question you may have.
5. We realize that OB patients' insurance plans may change over the course of the pregnancy term. We require that the patient keep us updated on those changes. Failure to provide updated information in an expedient manner may result in timeliness denials from your insurance carrier which the patient will ultimately be held responsible for.
6. All OB patients are required to pay at least 50% of the portion of the delivery fee not covered by insurance by the 1st day of the 4th month of pregnancy. The remaining 50% is due by the 1st day of the 6th month. OB patients are also required to promptly pay for any other services provided during the pregnancy. Care may be discontinued at any time for noncompliance of the above.
7. We expect you to call at least 24 hours in advance in the event you cannot make an appointment. A no show fee will be assessed based on the type of visit that was missed.

I have read and received a copy of the Payment Policy. I accept this policy for my treatment with OB-GYN Associates.

Patient Name _____ Signature _____

Date _____