

Premier Women's Health

Premier Women's Health & Diagnostic Imaging of Sewickley

INFORMATION ACKNOWLEDGEMENT please complete and sign all sections as indicated

Patient Name: _____ Birth date: _____

I. Financial Policy and Assignment of Benefits:

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH AND AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I AUTHORIZE PREMIER WOMEN'S HEALTH and/or DIAGNOSTIC IMAGING OF SEWICKLEY TO RELEASE TO MY INSURANCE CARRIER AND ITS AGENTS ANY INFORMATION NEEDED TO DETERMINE THE BENEFITS PAYABLE UNDER THEIR COVERAGE. I REQUEST THAT PAYMENT OF AUTHORIZED MEDICAL BENEFITS BE MADE ON MY BEHALF TO PREMIER WOMEN'S HEALTH and/or DIAGNOSTIC IMAGING OF SEWICKLEY FOR SERVICES FURNISHED TO ME BY ITS PHYSICIANS AND STAFF UNLESS I HAVE PAID FOR THE SERVICES AND AM BILLING THE INSURANCE DIRECTLY. I ALSO UNDERSTAND THAT THE TERMS OF THE FINANCIAL POLICY MAY BE AMENDED BY PREMIER WOMEN'S HEALTH and/or DIAGNOSTIC IMAGING OF SEWICKLEY AT ANY TIME. IF WE CHANGE OUR BILLING PRACTICES, WE WILL MAKE A REASONABLE EFFORT TO PROVIDE YOU WITH A CURRENT POLICY. FAILURE TO COMPLY WITH THE FINANCIAL POLICY OF PREMIER WOMEN'S HEALTH and/or DIAGNOSTIC IMAGING OF SEWICKLEY MAY RESULT IN SUSPENSION OF SERVICES OR DISMISSAL FROM THE PRACTICE.

X _____
Signature _____ Date _____

II. Consent to Treat: By signing this form, I consent to medical treatment provided by Premier Women's Health and/or Diagnostic Imaging of Sewickley.

X _____
Signature _____ Date _____

III. HIPAA Receipt of Notice of Privacy Practices: I acknowledge receipt of Premier Women's Health and Diagnostic Imaging of Sewickley's Notice of Privacy Practices which provides information about how we may use and disclose your protected health information.

X _____
Signature _____ Date _____

IV. Prescription Information

Local Pharmacy Name: _____

Pharmacy Location: _____

Mail order pharmacy: _____

V. Confidential Communications: The best phone number to reach me, Monday through Friday, 8:00am to 4:30pm is: _____ I give my permission to Premier Women's Health and/or Diagnostic Imaging of Sewickley to leave a message if I cannot be reached.

No, only myself

Other, please list person's name & phone number _____

X _____
Signature _____ Date _____

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PATIENT FINANCIAL POLICY

Thank-you for choosing Premier Women's Health and/or Diagnostic Imaging of Sewickley as your OB/GYN provider and imaging center. We are committed to providing you with the best possible treatment available and believe that understanding our financial policies is an essential element of your care and treatment. Our goal is to avoid any miscommunication or concerns regarding financial matters so that we may focus our energies on serving the health-care needs of our patients.

Patients are financially responsible for all medical treatment and services provided. It is your responsibility to provide us with current insurance information. A copy of your insurance card and a photo ID are required at each visit.

Please return this form to the receptionist once you have reviewed and signed it as an understanding of its contents. A copy will be provided to you upon request.

COPAYMENTS: Copayments are contractual obligations between you and your insurance carrier. Compliance rules set forth by federal and state governments require us to collect copayments. All patients are required to pay their copayments at the time of check in and prior to being seen by a provider. If you cannot afford to pay your copayment, please ask us about our charitable care policy.

INSURANCE: As a service to our patients we will file your insurance claims for you. As a participating provider in your insurance network, we shall accept the insurance company's allowable payment for covered services. Patients are responsible for any deductibles, copayments, non-covered services, and out-of network services. Payments for these services, based upon estimates received from your insurance provider, are due at the time of the visit. Because we are dealing with estimated payments, any overpayments made by you once the actual bill settles with your insurance provider will be promptly refunded. You will be billed for any additional amount that was not paid by your insurance provider.

HMO'S, PPO'S AND MANAGED CARE PROGRAMS: It is your responsibility to obtain referral forms required by your particular insurance company. We will do our best to remind you when a referral is due, but ultimately you are required to keep track of the referrals on hand. If you present to the office without a current referral you will be responsible for the bill or be asked to reschedule the appointment.

UNPAID BALANCES: We ask that full payment be made at the time of service unless prior written arrangements have been made through our billing manager. Accounts with an outstanding balance over 60 days past due will be charged an additional collections filing fee up to 50% of the balance placed for collections and be turned over to a collection agency. If you are sent to collections or have an unpaid balance, Premier Women's Health and/or Diagnostic Imaging of Sewickley reserves the right to refuse an appointment until those balances plus processing costs are paid in full.

OB PATIENTS (with insurance): We will obtain benefits coverage from your insurance plan and provide you with an estimate of your financial obligation (for physician charges only). Payments will be arranged with the estimate to be paid in full by the seventh month of pregnancy. If, after all insurance payments have been received, an overpayment has been made by you, the amount of the overpayment will be promptly refunded. You will be billed for any additional amount that was not paid by your insurance provider.

OB PATIENTS (without insurance): If you are uninsured and are currently pregnant, we charge a fee of \$2700 to cover your routine OB appointments, vaginal delivery and postpartum care. Patients are responsible for half of the payment at the time of their first visit. The remaining balance will be paid monthly until the balance is paid in full by the seventh month. This payment does not cover any additional ultrasounds, injections, labs, hospital charges or any services that are performed or billed outside of Premier Women's Health and/or Diagnostic Imaging of Sewickley. If a C-section is necessary, there may be an additional charge for the surgical assist. If you become insured at any time during your pregnancy, we will promptly refund any money that may be due to you because of your insurance coverage.

SELF PAY PATIENTS: Self pay patients must pay for services in full at check-in.

NO SHOW POLICY: We make every effort to provide a reminder call at least 48 hours prior to an appointment. However, it is your responsibility to remember your appointment. We charge a missed appointment fee of \$25 to patients who do not show up to a scheduled appointment, or who cancel less than 24 hours in advance. This fee must be paid before another appointment may be scheduled.

FORM COMPLETION: A fee of \$20.00 may be charged before the forms will be completed. (Disability, FMLA, Physician statements, etc.)

RETURNED CHECKS: There is a \$30 returned check fee payable in cash or money order, and your account may be placed on a "cash only" basis.