

DETERMINING YOUR FINANCIAL RESPONSIBILITY

Co-Pays

All co-payments and past due balances are due at time of service.

Non-participating Insurance Plans

The financial obligation of patients who are insured by carriers that our practice does not participate with, are considered a self-pay account. The insurance company will be billed as a non-assigned claim as a courtesy to the patient, with the patient paying the amount in full. The insurance company will reimburse the patient on a non-assigned claim. If our office should receive payment for the claim, the patient will receive a refund from our office within 90 days.

Patient Refund

Refunds will be issued once all outstanding insurance claims have been paid and the patient has no outstanding balances on their account.

Appointments

A cancellation fee of \$30 will be charged for all appointments not cancelled with at least 24 hour notice. If a patient has more than 3 no show cancellations, SWHC has the right to deny further appointments.

Insurance Waiver Notice

Our office bills your primary insurance as a courtesy. Regardless of what type of plan you have, your medical bill is ultimately your responsibility. Therefore, any service that is performed or lab work ordered is the responsibility of the patient if it is not covered by your insurance company. You will be responsible for all charges related to your office visit if your insurance coverage is not active when services are rendered.

Disability Forms/Records

There is a \$35 charge for all disability/FMLA and any additional forms that need to be completed. The charge for requested medical records is based upon the size of the patient's chart and ranges from \$35-50. All requests for medical records take approximately 5-7 days.

Prescription Refills

Please leave your name, date of birth and pharmacy number when calling for a prescription refill. Please allow 48 hours for refills. Check your bottle early and call us before you are completely out of your medication.

Messages

Dr. Harrison does not prescribe medication without an office visit. If you require a new prescription, please be advised that you need to schedule an appointment. All non-emergent calls will be returned at the end of the day. Calls received after 3:00 PM, may not be returned until the following business day.

Non- Emergent Phone Calls

Dr. Harrison will no longer receive any phone calls or texts after hours regarding lab results, prescription refills, or any issue that is **non-emergent** (not an emergency). If a patient has an emergency and that emergency is relayed to her in a text message, SWHC will consider that non-emergent as well. Failure to comply with this policy will result on a \$50 fee. SWHC values their patients and their care and urge you to please feel free to call the office during business hours and the direct number for emergencies after hours.

Lab/Test Results

- It is the responsibility of the patient to let SWHC know which laboratory your insurance company requires you to use prior to leaving from your office visit. Failure to do so may result in non-coverage of your labs.
- Our office will contact you with abnormal lab results and inform you of appropriate follow up. A follow up appointment is required to discuss abnormal lab results.
- You may request your lab results by leaving a message or a self-addressed stamped envelope. Biopsy/ Mammogram/DEXA scan/ Radiologic results can be discussed in the office during a scheduled follow up appointment.
- Please allow 7-10 business days for pap and lab results.

Surgical Procedures

The patient will be charged a fee of \$300 in the event that a surgical procedure that has been scheduled for the patient is cancelled without 72 business hour notice.

Collections

In the unfortunate event that SWHC has to seek an outside collection agency for unpaid balances, a 30% fee will be added to any outstanding balance. The parent/guardian will be also responsible for any collection and /or attorney fees.

Things to Remember

- Bring a copy of your insurance card to office visits.
- Be prepared to pay any co-pays, co-insurance or deductibles at the time service is rendered.
- Patient will receive a separate bill for any lab work ordered.
- There is a \$35 fee as well as any additional charges that occur as a result of the insufficient check.

I have read and understand the policy as well as my financial obligation for services rendered by Sovereign Women's Healthcare. I agree to accept financial responsibility for the services.

Print Name: _____

Signature: _____

Date: _____