

Financial Policy

*Our clinic is part of a larger organization committed to supporting our providers and delivering exceptional patient care. You may see the name **Advanced Women's Care (AWC)** or **Valley Perinatal Services (VPS)** on some of the documents you are signing today—these are simply our affiliated organizations. Please know that your care team and services remain the same.*

Thank you for choosing Advanced Women's Care as your women's healthcare provider. We are committed to providing the highest quality of care to our patients. Your understanding of our Financial Policy and payment for services are important parts of this relationship.

Insurance

We will bill your insurance company for your medical visit and services; however, you should be familiar with your own insurance terms/contract/coverage. Please be advised that it is your responsibility to verify what your insurance covers and what it will not (copayments, deductibles, coinsurance, and other patient responsibility amounts). We cannot waive deductibles, coinsurances, or copays that your insurance requires. This is a violation of insurance rules.

To properly bill your insurance company, we require that you disclose all insurance information, including primary and secondary insurance, and any change of insurance information. You are responsible for promptly informing our office of any changes in patient information (i.e., address, name, insurance information) to facilitate appropriate billing for the services rendered to you. Failure to provide complete and accurate insurance information may result in the bill being categorized as a patient's responsibility. Additionally, all copays, coinsurance, deductibles and/or out of pocket costs are due before or on the service date. We have several options available for your convenience.

We accept most major insurance plans. However, with the frequent changes in the insurance marketplace, it is a good idea for you to contact your insurance company before your appointment and verify if we are a participating provider as per your plan. If we are not a provider under your insurance plan, you will be responsible for payment in full at the time of service. As a courtesy, however, we will file your initial insurance claim, and if not paid within 45 days, you could be responsible for the total bill. After your insurance company has processed your claims, any amount remaining as a credit balance will be refunded to you.

Referral / Prior Authorization Requirements

It is your responsibility if your insurance requires you to obtain a referral from your Primary Care Physician (PCP) for all specialty services. If a referral is not in place for your visit, you will be responsible for the costs associated with the services provided. Our patients may require Prior Authorizations for injections, infusions, and medications. Patients must inform VPS when they have changes or additions to their insurance coverage, so that we can update any existing prior authorizations and properly bill for services. You acknowledge receipt of our financial policy and will be held financially responsible for any services your insurance company denies.

Patient Responsibility

All co-payments, deductibles, patient responsibility amounts, and past due balances are due at check-in unless previous arrangements have been made with our business office. Although we may estimate what your insurance plan may pay, the insurance plan makes the final determination of your eligibility and benefits.

Pathology / Lab Services

You may receive an additional bill from the lab service provider based on your clinical needs during your appointment. All questions about these fees must be directed at the lab service provider.

Non-Covered Services

You must understand whether any services will be covered. The patient or the patient's legal representative is ultimately responsible for all charges for services rendered. "Non-covered" means a service will not be paid under your insurance plan. If non-covered services are provided, you will be expected to pay for these services at the time they are provided or when you receive a statement or explanation of benefits (EOB) from your insurance provider denying payment.

No-Show & Late Cancellation Appointments

The practice will assess a \$25.00 fee for missed provider and sonography appointments with no advance notice.

Refunds

Note that refunds will be processed after full and final payment from insurance and/or third-party payer.

Completing Forms

We do not fill out disability forms of any kind; however, our records may be requested as supporting documentation to assist another provider with this paperwork.

Acknowledgement of Anatomy Ultrasound Readings

To minimize the inconvenience of travel for our patients, when your anatomy ultrasound is completed around 20 weeks' gestation, we administer the technical component here in our office. The ultrasound then needs to be reviewed and read by a physician. To ensure we are providing optimal patient service, our readings are completed by a maternal-fetal medicine doctor at Valley Perinatal.

Ultrasound charges include a charge for the ultrasound itself and a charge for the reading/ interpretation of the ultrasound. Our office only charges for the administration of the ultrasound, not the reading. You may receive a separate bill from Valley Perinatal for reading the ultrasound. This is not an additional charge, simply a separation of the charge.

Agreement & Acknowledgment

By signing below, I understand and agree with the following regarding the Financial Policy:

- I have read, understand, and agree with the Financial Policy outlined above.
- I understand my financial responsibility to make payments for services provided to me.
- I acknowledge that Advanced Women's Care facilitates insurance reimbursement as a courtesy, but this does not obligate the clinic to extend credit for services provided.
- I understand that any questions regarding this policy can be addressed at the front desk.

Patient Name (Printed): _____

Patient Signature: _____ **Date:** _____

Relationship to Patient (if applicable): _____