



Alabama Women's Health Care  
---OB GYN---

**We are happy to file all insurance companies for you as a courtesy. However, you must realize:**

- 1) Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
- 2) Not all services are covered by your insurance. You may call your insurance company and give them the procedure codes to see if the procedure will be covered.
- 3) We may need to release medical information concerning you to your insurance carrier as part of processing your claim. By signing this form, you consent to the release of such information, including medical records, to be released to insurance companies, referring physicians and other doctors involved in your care.
- 4) All charges are your responsibility from the date of service.
- 5) All co-pays/deductibles are due at the time of service.
- 6) We will charge a \$5.00 billing fee if the balance is not paid in full after the first statement is mailed.
- 7) Accounts over 120 days old will be turned over to Fox Collection Agency. Your future status at this office will be considered at that time.

**Returned Check Fee:** Any checks returned for insufficient funds will be charged a \$50.00 returned check fee in addition to the amount owed. This fee cannot be waived.

**No-Show Fee:** As a courtesy, we **attempt** to call and remind you of your appointment. If you are unable to make the scheduled appointment we ask that you give our office 24 hours' notice. In the event that a patient does not show up for an appointment and has not notified us, you will be charged \$35.00. There will be a \$50.00 fee for any diagnostic test/procedures that the patient no-shows.

**Prior Authorization:** If prescription drugs are necessary for the treatment of your condition, your physician will prescribe you the medicine that he believes will treat your condition. The physician will not always know whether the drug that has been prescribed will be covered by your insurance company. In some cases, a "prior authorization" is needed before your insurance company will pay for the drug. As a courtesy, our nursing staff will speak with your insurance company to try and obtain the "prior authorization". As a result of the time that our nursing staff will be required to spend talking with your insurance company, any prior authorizations handled by our office will result in a \$20.00 fee. This fee is non-refundable due to the time our staff must spend on the phone with your insurance company.

**FMLA/Disability Paperwork:** There is a \$20.00 fee per set of paperwork that we complete for your employer. This is a non-refundable charge and is due prior to completion. This is not billable to your insurance company.

**Failure to meet financial responsibilities:** If a patient fails to meet their financial responsibilities, it may result in one of the following:

- Discharge from our practice
- Patient may be required to make full payment on account before continued treatment
- Patient may be required to sign a payment arrangement to resolve any outstanding balances

I, \_\_\_\_\_ (Print patient name), understand and agree to the Financial Policy for Alabama Women's Health Care.

Patient (or parent/guardian) signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions regarding the above policy, please ask to speak to a member of our staff and they will be happy to assist you.