

OFFICE and FINANCIAL POLICIES

We would like to thank you for choosing Fair Oaks Women's Health as your women's health care provider. This document explains our current office and financial policies. It is important that you read and agree to these policies.

No-Shows: If you cannot keep your scheduled Gyn appointment, please call our office at least 24 hours in advance to reschedule. This will allow us to offer that time to another patient. Failure to give 24 hours cancellation notice or failure to keep your scheduled appointment is a no-show and may result in a charge of \$25. This fee may be waived depending on your circumstances and will be waived if you make and keep your next appt.

Late Arrivals: You are expected to arrive on time for your scheduled appointments. New patients should plan to arrive 30 minutes early to allow for completing forms and updating your electronic medical record in the computer. If you are more than 15 minutes late, we may have to reschedule your appointment.

Financial Responsibility: Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges incurred. For minors, the parent who accompanies the minor for their visit will be financially responsible for all charges incurred.

Insured Patients: Please bring your insurance card with you to your appointment. If your insurance plan requires an office visit co-pay, this will be collected at the time of service. The co-pay cannot be waived by our office; it is a requirement placed on us by your insurance carrier. You are financially responsible for any co-insurance, deductible or non-covered service. If you are a member of a health plan that Fair Oaks Women's Health participates with, we will submit a claim to your insurance company on your behalf. You must provide us accurate and up-to-date information about your policy, and you agree to update us as soon as possible if anything changes.

Uninsured Patients: Payment in full will be due at the time of service. If you are unable to pay your balance in full, you will need to make arrangements with our Office Manager.

Unpaid copay at time of service: I agree to pay a \$10.00 administrative fee if I fail to pay my copay at the time of service.

Large Deductibles: Patients with large deductibles may be asked to pre-pay a portion of their medical expenses (for example, pregnancy or gyn surgery patients).

Balance Due: Once we have received payment along with an Explanation of Benefits (EOB) from your insurance plan, you will receive a statement from our office indicating what your insurance has paid. Any remaining balance will then be due and payable.

Credit Card Authorization: I agree that Fair Oaks Women's Health may charge my credit card on file for the balance due when they receive a copy of the EOB. If the balance due is more than \$200.00, I will receive a courtesy call prior to my card being charged.

Medicare Patients: You are personally responsible for your deductible, co-insurance and any services that Medicare deems as "Medically Unnecessary". Medicare patients may also be asked to sign an Advanced Beneficiary Notice (ABN) form.

Returned Checks: A \$25 fee will be charged for any check returned for insufficient funds. After that, only cash or credit cards will be accepted for payment.

Disability Forms: A \$25 fee will be charged for processing and mailing each disability form. These forms require significant administrative time to handle.

Medical Records Request: A \$25 fee will be charged for a medical records request for yourself. Payment for these records will be collected prior to records being released. A free copy of your records will be sent to the physician of your choice. This fee can be waived for hardship, please speak to the office manager.

Collection Accounts: Fair Oaks Women's Health reserves the right to turn an account over to collections if it is deemed that the account is in default of payment or not in compliance with this policy. In the event you breach this agreement, you agree to pay all collections fees, including court costs, collections agency fees and attorney's fees incurred by us in enforcing the terms herein, whether or not formal legal proceedings are commenced.

Financial Hardship: We understand that sometimes it is a hardship to pay your medical bills timely. Please meet with our Office Manger so we can work out a payment plan. Ignoring medical bills is not advisable. Let us know your situation so we can work with you.

Pharmacy Benefits: Our electronic medical record allows us to download your prescription medication history directly into your electronic chart. This step allows us to have more accurate information about your medications (name of medicine, dosage) and saves us from having to enter your medications separately. Your permission is required for this.

Newborn Circumcisions: Many insurance plans do not pay for newborn circumcisions. If a circumcision is done and is denied by your insurance, you will owe the full fee.

Which Lab should we use? As a courtesy to our patients, we have arranged for Primex Labs to collect tests in our office. Fair Oaks Women's Health provides this as a service to our patients only. We are not affiliated with Primex Labs. They are a separate company and conduct separate billing for their services. You are free to use any lab that you want.

Some patients must go to other labs (for example Quest or LabCorp) due to their health insurance. It your responsibility to know if your health plan has a contract with Primex. There are hundreds of plans and contracts and their terms change over time, so it is not possible for us to know if your plan is contracted with Primex.

Acknowledgement of Receipt of and Agreement with Office and Financial Policies

I have read, and I understand the handout, ***Office and Financial Policies***.

I authorize the physicians of Fair Oaks Women's Health to furnish all necessary information to my insurance carrier(s) concerning my medical care and treatment. I also irrevocably assign to Fair Oaks Women's Health all insurance payments for services rendered and all major medical benefits, and this consent does not expire unless I indicate this in writing to the office.

I agree to allow pharmacy benefit information (my medication history) to be electronically downloaded into my electronic medical record.

I am responsible for knowing which lab is contracted with my current health plan and will communicate this to the staff at Fair Oaks Women's Health.

By signing below, I am stating that I understand, and I agree to the above policies.

NAME _____ DATE _____

SIGNATURE _____

(Please sign and return this page to us. We will provide a copy upon request).