Consent for Treatment and Insurance Authorization/Financial Responsibility

We are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. The following is a summary of our payment policy. The patient or authorized person agrees that the demographic information is correct and allows for the medical treatment as specified by physician or associate provider.

I hereby authorize Women's Health Now to furnish information to insurance carriers concerning my illness and treatment and I hereby assign the physician ALL insurance payments for medical services rendered to myself or my dependents. I understand that I am responsible for ANY unpaid amounts, and agree to pay service charges at the current rate, collection charges, and accounts that become 30 days overdue are subject to a 10% charge. Should balances not be paid within 60 days, there will be an additional $30 charge and you will be referred to a collection agency. There will be a $25 charge for returned checks and all future payments will be by credit, debit card, money order or cash. Patients with outstanding balances of 60 days overdue must make arrangements for payment prior to scheduling appointments.

Your insurance may or may NOT pay for well woman exams or routine preventative services.
Insurance: We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and copayments at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, you will be expected to pay the balance in full. You are responsible for all the charges. We are legally obligated to assign procedure codes based on the service provided to you, whether it is a well woman exam or a visit to take care of problems, or both. If both kinds of services are provided during a single visit, then both services may be billed. We cannot change the coding later to cause insurance to pay for a non-covered service. Depending on your insurance coverage, you may be responsible for paying a copay for each service. Based on the kind on coverage you have, some or all of this cost may have to be billed to you. It is your responsibility to be familiar with your insurance benefits. You agree to contact your insurance provider if you need help understanding your benefits. You are responsible for notifying our office of all insurance changes including any secondary insurance. If you do not inform the office, you will be responsible for any remaining balances.

Office visits, consults, treatments and procedures with the physician are SEPARATE charges from any laboratory testing that is determined to be medically necessary or performed as a matter of course in the examination. Examples of these are blood tests, urinalysis, pap smears, cultures, biopsies, or any other test that involves taking bodily fluid or tissue specimen. These are sent to a laboratory with the resulting charges that are separate from Women's Health Now and it is possible based on your insurance or cash pay status that you may get a bill from the laboratory for which you agree to be responsible. Lab fees are additional fees billed out separately. You will inform the back office or phlebotomist if insurance requires use of a specific lab other than LabCorp or Sonora Quest.

I agree that for disability forms, FMLA forms, paperwork, etc., there is a $25 fee per set of forms.

Appointments: If I am unable to keep an appointment, procedure or ultrasound, a 24 hour notice is required or a $25 charge will be made for each missed appointment or $50 for each missed ultrasound. A $100 charge will be made for missed surgery appointments. Excessive abuse of scheduled appointments will result in discharge from the practice.

I have read and understand the Women's Health Now Consent and Financial Responsibility. If my account is sent to collections, I agree to pay the amount I owe plus the fees charged by the collection agency for costs of collections.

Signature of insured: _____ Date: _____

Print Name: _____