



PATIENT FINANCIAL POLICY

Women's Health care Group of Pennsylvania physicians and staff are committed to providing you with the best possible care. We will be happy to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship.

WE ACCEPT CASH, VISA AND MASTERCARD IN OUR OFFICE LOCATIONS. CHECKS WILL BE ACCEPTED FOR PAYMENTS MAILED TO OUR LOCKBOX IN BOSTON

WE PARTICIPATE WITH THE FOLLOWING INSURANCE CARRIERS:

Medicare/Railroad Medicare/PA Blue Shield/Premier Blue/AmeriHealth/Personal Choice/Keystone Health Plan East/Aetna-US Healthcare (HMO,PPO & POS)/ Alliance PPO/Cigna (HMO &PPO)/ Community Care Network (CNN)/Coventry Health Care (HMO & PPO)/Devon Health Services/InterGroup/ MultiPlan/National Provider Network/One Health/Preferred Health Care Systems (PHCS)/Preferred Care/ TriCare/United Healthcare.

If you are covered by any of these carriers, it is necessary for you to provide our staff with the required information that enables us to bill your carrier. In some circumstances, even participating insurance plans may leave a balance that you must pay. It is not our responsibility to know what limitations, exclusions, deductibles or co-pays each group insurance plan might leave to a patient's responsibility. Your doctor may participate with other insurance plans not listed above. Please check with the practice office staff to see if your insurance plan will be accepted.

NON-PARTICIPATING INSURANCE PLANS

Office Charges: FULL PAYMENT IS DUE AT THE TIME OF SERVICE unless previous arrangements have been made. A receipt will be provided that includes all of the required information for you to submit to gain reimbursement from your insurance company. In the case of a minor, the patient's accompanying adult, parent, or guardian is responsible for payment at the time of service. This includes all insurance co-pays.

INPATIENT AND PROCEDURE CHARGES: For inpatient services or diagnostic/surgical procedures we will file an insurance claim as a courtesy to our patient. You must provide our office with specific insurance company information in order for this claim to be filed. If payment has not been received after 30 days, the balance will be transferred to your responsibility. We will not become involved with disputes between you and your insurance company regarding deductibles, co-insurance, covered charges, secondary insurance, "usual and customary" charges, etc., other than to supply factual information as necessary. As the insurance policy holder, you are responsible for timely payment of your account.

DELINQUENT ACCOUNTS

An account is considered past due 30 days following billing unless other arrangements have been made. Unpaid accounts beyond 90 days are considered delinquent and may be forwarded to a collection agency.

MISSED APPOINTMENTS

We would appreciate your help and the courtesy of a call if you are unable to keep your scheduled appointments. Please notify our office 24 hours prior to appointment time. We reserve the right to charge a missed appointment fee for each appointment that is not considered cancelled in a timely matter.

RETURNED CHECK FEE

There will be a transaction of a \$30 for any check that is returned for insufficient funds.

I HEARBY ACKNOWLEDGE THAT I HAVE BEEN PROVIDED WITH, READ AND UNDERSTAND THE PATIENT FINANCIAL POLICY STATED ABOVE AND AGREE TO BE SUBJECT TO SAME.

PATIENT / GUARANTOR SIGNATURE

DATE