

Laura Davidson MD, FACOG

Obstetrics & Gynecology

Financial Policy

We are committed to providing you with the best possible care and treatment. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to your visit.

PAYMENT IS DUE AT TIME OF SERVICE

WE ACCEPT CASH, CHECKS, VISA, MASTERCARD AND DISCOVER CARD.

Regarding Insurance:

Your insurance policy is a contract between you and your insurance company. We are contracted to provide services for most insurance carriers. We will bill your insurance company and accept the terms of our contract with them; however, we require that;

ALL CO-PAYS OR DEDUCTIBLES BE PAID at the time of services. If you do not have medical insurance or you are here for a service not covered by your insurance carrier, payment is required at the time service is rendered.

PLEASE READ THE FOLLOWING CAREFULLY

With the current changes in healthcare insurance we are notifying all our patients of our formal policy regarding patient balances after the insurance company has processed the claims. This new policy will be strictly enforced.

We will bill your insurance company for the services rendered by Dr. Laura Davidson. Once your insurance company has responded to our claim with an explanation of your benefits and you have an unpaid balance, we will promptly bill you for that balance. We require that all balances to be paid within 30 days of our invoice. If you are in dispute of a claim, please contact the office manager.

We are not a financial institution that can finance balance beyond 30 days unless it is cleared by the office manager.

You will be required to show a copy of your current insurance card at your scheduled appointment or verifiable insurance that we have on file. If you do not have your current insurance information, you will be required to pay for the services rendered to you that day. We **DO NOT** accept third party insurance or auto accident claims.

Minor Patients:

The parent/guardian who presents the child for medical treatment is the responsible party. If payment for services is to be by someone else, the parent/guardian with the child should pay and have the other party reimburse them. Any legal agreement between the parents has nothing to do with this practice.

Other Fees:

We charge a \$ 25.00 fee for all return checks.

FOR ALL NETWORK PLANS AND MEDICARE

We accept assignment of insurance benefits. However, if your insurance carrier has not made payment within 60 days from the date of service, you may be billed for the balance. If the insurance company does render payment, we will gladly refund the difference to you. Please be aware that some, and perhaps all, of the services provided maybe non-covered services and not considered reasonable and necessary under the Medicare program and/or other medical insurance. All co-pays/unpaid balances must be paid up front before the patient may see the physician.

PATIENTS ON HMO/PPO POLICY REQUIRING REFERRAL FROM PCP:

It is the responsibility of the patient to obtain a written and/or verbal referral whichever is required by the insurance carrier prior to the patient's visit at our clinic. We cannot obtain referrals for the patients. We also will not call the patients' primary care physician to obtain these. If the patients presents to our office on their scheduled appointment without a referral the patient must reschedule their appointment for a later date.

PATIENTS WITH LARGE OUTSTANDING BALLANCES

All patients that have large (\$500.00 or greater) balances, those balances need to be paid before we see them for "Routine Health Exams". We will provide emergency services or address any immediate problem they may have but that visit must be paid for at the time of service. We will only collect the allowable amount dictated by their insurance carrier.

ADULT PATIENTS

Adult patients are responsible for full payment at the time of service.

MISSED APPOINTMENTS

Unless cancelled, at least 24 hours in advanced, at the discretion of the office administrator, our policy is to charge for missed appointments at the rate of a normal

office visit. Please help us to serve you better by keeping scheduled appointments or by notifying the office in the event you are unable to keep your scheduled appointment.

If you miss your scheduled appointment without contacting the office, you will be required to sign our credit card authorization to charge your account \$50.00 for the next missed appointment, if one happens again.

DOCUMENTATION FEES

Documentation fee (amount charged will depend on the document or letter to be completed) will be charged for all documentation that must be completed (e.g. Workers Compo Forms letters of medical necessity, etc)

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy.