

**PLEASE ASK FOR ASSISTANCE IF YOU HAVE ANY QUESTIONS**  
**WOMEN'S CLINIC, LTD., FERTILITY MEDICAL LAB and ADVANCED**  
**CLINICAL CONCEPTS**  
**FINANCIAL POLICY [Revised]**  
**Effective for Services Provided After January 1, 2012**

**Dear Patient,**

*Welcome!* Thank-you for selecting our office for care. In order to efficiently communicate the financial aspects of your care we are providing this information about our financial policy fees and collection procedures.

- We are participating with many insurance companies including (but not limited to) Medicare, Highmark, Capital Blue Cross, Keystone (Central and East), Aetna, Cigna, UHC, IBC and Berkshire Health Partners. **Please remember that your insurance coverage is a contract between you and your insurance carrier.** It is important for you to understand your insurance policy's terms, limitations, rules, coverage, deductible, co-insurance, referral and pre-authorization requirements. If we are a participating provider with your insurance plan, we will accept their approved reimbursement as payment in full for covered services after all owed deductibles, co-payments, and non-covered services have been paid for by you at the time of service. In order to process any insurance claims we will need to make a copy of or scan your current insurance card(s) at every visit.

- **Payment for services is due at the time services are rendered, except in limited circumstances.** If your visit is covered by insurance, your co-payment is due at the time of service. If your procedure is considered non-covered, payment "in full" in advance of the procedure will be required. You will be asked to sign a waiver form for any non-covered procedures. If you do not have insurance or if we do not accept your insurance, payment in full is due at the time of service. We will then submit the claim as a courtesy to you and you may receive payment from your insurance company. If they send us the payment, we will issue you a refund check for any duplicate payment. As a convenience, we will submit claims directly to your first three insurance carriers.

- **Co-payments are due prior to services being provided and will be collected at check-in.** You will also be reminded at check-in of any outstanding balances remaining on your account that will have to be paid in full or a payment plan will have to be established. You can also discuss your account balance with a patient accounts representative if you have any questions about your balances.

- We accept personal **checks, cash, Discover, Mastercard and Visa** in meeting your payment obligations. Timely payment of accounts is your responsibility.

- If you are unable to pay in full at the time of your office visit, arrangements should be made with our billing department to request a monthly payment schedule. It is your responsibility to contact the billing department to request a monthly payment schedule. You can contact them at 610-374-2214 option 8.

- A **\$20.00 service charge** will be made on all checks returned for insufficient funds. We also reserve the right to not allow you to pay in the future by personal checks if you have given us a bad check. We could also notify the Berks County District Attorney's Bad Check Restitution Program because of a returned check.

- Patients who fail to show up for a new patient visit or consultation, without providing at least 24 hour advance notice, will be subject to a **\$50** missed appointment fee. Established patients who fail to show up for a visit, without 24 hour advance notice, are subject to a **\$25** missed appointment fee. New Infertility consult patients who fail to show up their 1-hour appointment, without 24 hour advance notice, are subject to a **\$100** missed appointment fee.

- The policy for the staff/physician to complete disability forms and all other forms pertaining to work/insurance/ or patient condition, require a \$10.00 fee per form. This is to be paid prior to the completion of the form. Documents will not be completed if payment has not been received. Disability forms will take approximately 7-10 business days to complete.

- Except when patient hardship or previous payment arrangements warrant otherwise, accounts not paid within 60 days of billing, can be considered for referral to a collection agency. If that happens you will be responsible for all of the collection fees (typically 1/3 of the amount due), court costs and attorney fees (if applicable) in addition to the balance due. The collection agency, at their determination, may also report your debt to a national credit reporting agency. If that happens, it could have a negative impact on your credit standing. If there is an unpaid balance, you may not receive any routine healthcare services and there is a possibility of dismissal from the practice.

- Prior to having a procedure, study or service done in the office, surgery center or hospital, it is our process to obtain information concerning any applicable outstanding deductibles, co-payments or co-insurance which may become due because of the procedure. If it's determined that you are liable for any of these out of pocket expenses, you will have to pay for these amounts prior to the procedure or service being performed. **It is important to note that this prepayment calculation is estimated based upon information available at the time the procedure is scheduled. It could result in additional payments being owed by you after the date of service or a refund being issued to you based upon how your insurance company processes the actual submitted claims.**

- To our Medicare patients: Medicare will cover an annual well-women visit and exam every other year. Our staff can assist you to determine when these services are eligible for coverage. If this is the year that Medicare will cover these services, we will submit the charges to them directly. If this is the "off-year", you will be asked to sign an ABN stating you are aware that this service is not covered and you will pay to have the services rendered. Payment is due at the time of service.

- Any time a service is to be rendered that may not be covered by an insurance company, our patients will be asked to sign an ABN – Advanced Beneficiary Notice. This form states what service is to take place, it acknowledges that this service may or may not be covered; the amount owed by the patient if insurance does not cover the service and a signature to contractually agree to pay that amount if the service proceeds.

- If you have blood work drawn or a specimen collected in our office, you may receive a separate bill from Fertility Medical Labs for the specimen processing.

- If you have a pap smear, biopsies or cultures collected in our office, please note that you will receive a separate bill from the entity that processes the specimen.

- If you have an imaging study done in our office, you may see the name of one of our physicians, on your explanation of benefits, who is not the provider you saw during your encounter. The billed physician interprets the radiology findings and is not necessarily the one performing the study.

- The following criteria must be met prior to issuing a patient refund: the patient does not have any future appointments scheduled; there are no outstanding insurance claims on the patient's account, and there are no outstanding patient balances on the account.

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**Financial Policy Acknowledgement Form**

I (or my responsible party) have received, read and understand the *Financial Policy of Women's Clinic, Ltd., Fertility Medical Lab and Advanced Clinical Concepts*. I understand that I am ultimately responsible for the balance of my account for any services rendered, and for any service fees associated with the collection of my account. A photocopy of this agreement shall be considered effective and valid as original.

**Print** Patient's Name: \_\_\_\_\_

Patient's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Print** Responsible Party's Name \_\_\_\_\_ *(If applicable)*

Responsible Party's Signature \_\_\_\_\_ Date: \_\_\_\_\_