

### Financial Policy

1. All charges incurred for services in the office will be payable at the time of service unless other arrangements are made prior to your appointment.
2. All co-payments are due before service is provided. We accept cash, check, money order, debit card, Visa and MasterCard.
3. There will be a \$25.00 service charge on all returned checks.
4. The deductible and co-pay may be required in advance for all surgeries. All elective procedures, not covered by insurance must be paid in full prior to the surgery unless other arrangements are made.
5. All OB patients are required to pay any portion of the delivery fee not covered by insurance by the seventh month. OB patients are also required to promptly pay for any other services provided during the pregnancy. Care may be discontinued at any time for non-compliance.
6. All contraceptive devices furnished at the office are to be paid at the time service is provided.
7. As a courtesy to our patients, we will file your insurance. In all cases, the patient is ultimately responsible for all payments. If your insurance refuses payment or fails to pay for any service, you are required to pay our office and negotiate with your insurance company for any payments not received. Patients needing services due to an injury which involves a third party will be responsible for their own account.
8. The responsibility for payment of service lies with the person seeking treatment or the person seeking treatment for another. Any court ordered responsibility judgement must be determined between the individuals involved without the inclusion of our office.
9. All patients seeking infertility services must furnish a statement from their insurance company regarding infertility benefits before service is rendered. All non-covered services must be paid at the time of service.
10. All patients having insurance requiring a referral for OB/GYN services will be required to present the referral before services are provided. Any patient seeking service without a referral must pay for the service in advance or reschedule the appointment.
11. Women's Medical Associates physicians may discontinue care for any patient due to non-payment.
12. We review past due accounts frequently and at every statement cycle. Your communication and involvement to ensure your balance is paid timely is important to us. It is imperative that you maintain communications and fulfill your financial agreement and arrangements to keep your account active and in good standing.

If your account becomes sixty (60) days past due, further steps to collect this debt may be taken. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyer fees which we incur plus all court costs. In case of suit, you agree the venue shall be Davidson County, Tennessee. In addition, we reserve the right to deny future non-emergency treatment for any and all debtor-related unpaid account balances.

13. There will be a \$35 no-show fee charged for failure to cancel your appointment without giving 24 hour notice.
14. Our office requires a minimum of 7 days to complete disability forms or letters required by the patient's employer or insurance for maternity leave or surgery. There is a \$25.00 fee for each set of paperwork to be filled out that must be paid before the forms are completed. There is a \$25.00 fee for letters requested by you, however, we do not charge for letters we send to your other physicians.

Signature \_\_\_\_\_ Date \_\_\_\_\_