Memphis Obstetrics & Gynecological Association, P.C.
MOGA | MCW | WPG | WHS

FINANCIAL & ADMINISTRATIVE POLICIES

Name: _____ DOB: _____ ID#: _____

Consent to Treat

- I hereby give my permission to Memphis Obstetrics & Gynecological Association, P.C. and the divisions' thereof for medical treatment including but not limited to examination, injections, blood tests, diagnostic testing, or medical procedures deemed necessary and appropriate for diagnosis and treatment.

DISCLOSURE OF INSURANCE COVERAGE:

- I certify that I have provided **ALL INSURANCE INFORMATION** to the practice & it is my responsibility to notify the practice of any changes.

PATIENT PAYMENT POLICY AND COVERED SERVICES

- I understand that I am responsible for all charges associated with my care. All patient balances, co-pays, and deposits are due at the time of service.
- Health insurance plans **may not** provide coverage for all medical services, tests, and/or procedures that our providers may offer or recommend for treatment. It is my responsibility to know and understand the services covered by my insurance. If insurance does not cover services, I will be responsible for payment.
- Our office may contact your insurance carrier to verify your insurance coverage and benefits. An **estimate** of your financial responsibility will be determined according to the contractual agreement between the practice and your insurance company. Our Benefits Coordinators may review your benefits with you to explain your financial obligations and you may be required to pay a deposit prior to services being rendered.
- If an insurance claim is denied due to incorrect personal information or incorrect insurance information that you have provided, you will be billed for any unpaid claims for services, and payment in full will be due immediately.
- If an account is sent to a collection agency due to non-payment, you may be dismissed from the practice and denied future care and services by all providers within the practice. A collection fee of up to 40% will be added to your account balance. I understand I am responsible for the collection fees and/or attorney fees incurred in the collection of this account.
- You are responsible for knowing which hospital your insurance carrier allows you to utilize for procedures, tests, and admissions.
- If your provider is not in network with your insurance plan, you must pay in full at the time of service.
- If you cannot supply a valid insurance card and/or coverage cannot be determined, you must pay in full at the time of service.
- Certain labs collected in this office may be sent to an outside lab for testing. As such, you may be billed by the reference lab.
- It is your responsibility to obtain any referrals or prior authorizations for medical services if required.

RETURNED CHECK CHARGE

- A $25.00 administrative charge will be assessed for any returned checks.

CANCELLATION POLICY

- A minimum 24 hour advance notice is required to cancel an appointment or surgery/procedure.
- No shows or cancellations without a 24-hour notice may receive a $20.00 charge for missed office visits and $150.00 for missed surgeries or procedures. This charge will be the patient's responsibility and will not be billed to or reimbursed by your insurance.
- If a patient repeatedly misses or cancels appointments, the patient may be dismissed from the practice.

WELLNESS/ANNUAL VISITS WITH OTHER PROBLEMS

- An annual/well-woman preventive care exam includes preventative services only.
- If you require evaluation for a problem that is assessed during this visit, a problem (E&M) visit may be billed in addition to your annual exam visit. The problem visit, as well as any labs, testing, or procedures may be subject to copays and/or deductible. Alternatively, your provider may require that you schedule a separate return appointment for one of these services.

FORMS AND PAPERWORK

- A minimum fee of $20.00 will be billed to the patient for the release of medical records. Records that exceed twenty (20) pages, may be charged $0.50 for each additional page.
- A $25.00 fee will be charged to complete FMLA or disability forms. An additional fee of $25.00 will be charged for completing subsequent forms.

Practice Guidelines

- Routine medication refills are handled during office hours only. We do not refill any prescriptions (including narcotics) after hours or on weekends. When calling for prescriptions, please have your pharmacy phone number available.
- Physician excuses for days missed from work or school are written only for the days you are seen in our office and additional days needed for recovery. We are unable to write excuses for illnesses not evaluated in our office. We also do not backdate excuses.

A photocopy of this statement is considered to be as valid as the original.

Patient Signature _____ Date: _____