PATIENT FINANCIAL POLICY

Thank you for choosing the providers of New Horizons OBGYN as your healthcare providers. We are committed to building a successful relationship between our clinic and our patients. Please understand that payments for services are a part of that relationship. Please ask if you have any questions about our fees, policies, and your financial responsibilities. It is your responsibility to provide us with any patient information including your name and the name of the insured including the date of birth of the insured for any health insurance policies you have. It is also important to bring your insurance cards, co-payments and payments for any remainder balances every visit. We will need your current address each time also as well as any new telephone numbers. The payments for co-pay amounts and remainder balances are due on check in. We accept cash, credit cards, debit cards and checks with the proper identification. Absolutely no post-dated checks will be accepted.

INSURANCE CLAIMS

Insurance is a contract between you and your insurance company. We will bill your primary insurance timely as a courtesy to you. After receiving the explanation from that primary insurance company, we will bill your secondary insurance if we have a copy of that information provided by you. In-order to properly bill your insurance company, you must provide us with current insurance information including any changes in your coverage. Failure to provide us with that information, could result in claim denials and balances being transferred to you for the entire bill. Although we may estimate your expected responsibility, remember it is just an estimate. The charges are still subject to coverage and insurance policy requirements at the time the insurance company receives the claim. The insurance company will make that final determination. If your insurance is not contracted with us, you will be responsible for the amount not paid by them. If your insurance pays you directly, you must agree to forward that amount to us upon receipt of that payment. Please request a list of the insurance companies we are currently participating with.

REFERRALS AND PREAUTHORIZATIONS

Certain insurance plans require a referral or preauthorization for services rendered. If a referral is needed, you must provide that to us. If a preauthorization is needed for certain services provided, we will do our part to obtain that on your behalf, however that sometimes requires your involvement as well. Keep in mind that no insurance will guarantee services will be paid. Remember too that covered and paid are two separate statements. If any information is requested by the insurance company, you must send that to them or call them immediately as failure to do so could result in non-payment by your insurance company. This could cause the claim to be denied and you would then be responsible for the entire bill.

MISSED APPOINTMENTS

We require a 24-hour cancellation if you must cancel or reschedule your appointment.

RETURNED CHECKS

There will be a $35.00 returned check charge due by you if your check does not clear the bank.

MINORS

The patient of 18 years of age or older is responsible for any unpaid charges and co-payments. If the patient is a minor of less than 18 years of age, a signed release may be required for treatment and the minor must be accompanied by the guarantor of that financial responsibility in most instances.

OUTSTANDING ACCOUNT BALANCES

It is our office policy that the patient or guarantor will be sent 2 statements. After those have been mailed, if payment has not been made on the account, then a one-time courtesy phone call will be made to attempt collecting that amount or to make reasonable payment arrangements. If no resolution can be reached, then the account will be turned over for collections. The patient or guarantor will be responsible to pay any legal or collection fees including any court costs or attorney fees.

Payment plans are subject to the following:

For any remainder amounts due, for less than $100.00, it will need to be paid in full upon receipt of the statement or at the next visit at any of our locations, whichever comes first. For any remainder amounts due, for $100.00 to $500.00 we will split into 3 equal payments with the first payment due upon receipt and one equal payment due within the next 30 days and the final payment due within the 30 days following that payment.

For any amounts over $500.00 due, we will **only** set-up a maximum of 12 months to be paid in full along with any additional remainder amounts that may come due with the total bill being split into 12 equal payments.

I understand and agree to the terms listed on this Patient Financial Policy.

Patient/Guardian Signature _____Date _____

Patient Name _____

Patient DOB _____