

# SUGAR LAND OB/GYN

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## FINANCIAL POLICY FORM

We welcome you as our patient and thank you for choosing us as your Obstetrical and Gynecology providers. We are committed to providing you with the finest medical care. We ask that you please familiarize yourself with this financial policy and feel free to present any questions or concerns so that they are resolved, and we can focus on providing you with excellent healthcare.

<b>INSURANCE</b>	<b>PAYMENT OF CO-PAYS/DEDUCTIBLES/CO-INSURANCE ARE DUE AT THE TIME OF SERVICE.</b> Our office will file an insurance claim for services rendered, but ultimately you are responsible for the bill. By law your insurance company must remit payment or deny your insurance claim within 30 days of initial notice. If your insurance company has not paid your account in full within 45 days we may ask for your assistance in getting your insurance company to pay the balance or the balance may be billed to you.
<b>SELF-PAY</b>	<b>FULL PAYMENT FOR PROFESSIONAL SERVICES ARE DUE AT THE TIME OF SERVICE.</b> Methods of payment include cash, checks, debit/ATM cards, Visa, MasterCard, Discover, and American Express.
<b>REFUNDS</b>	We will refund you within 30 days after the date that we determine an overpayment has been made. Please notify our billing office if you are aware of any overpayments.
<b>INSURANCE COVERAGE CHANGES</b>	Please understand that it is your responsibility to provide us with any new, updated or additional medical insurance. If your insurance coverage changes to a plan that we are non-participating providers, you will be responsible for payment of all fees at the time service is rendered. We can provide you with the necessary documents for reimbursement.
<b>FINANCIAL RESPONSIBILITY FOR MINORS</b>	Unless prior arrangements have been made, charges for minor child seen in the office will be the responsibility of the adult accompanying the minor child.
<b>RETURNED CHECKS</b>	Returned checks are subject to a \$33.00 charge. Non-payment of returned checks may be referred to the District Attorney for legal action in some cases.
<b>MEDICAL RECORDS REQUEST</b>	There will be a \$25.00- \$27.50 charge based on Texas Medical Board rule 165.2 ( tmb.state.tx.us) for every medical records request. Please allow 7 -10 business days to process medical records request.
<b>DISABILITY AND/OR FAMILY MEDICAL LEAVE ACT (FMLA) FORMS</b>	There will be a \$10.00-\$25.00 charge (fee based on how extensive paperwork is) for completion of all Disability and/or FMLA forms. These forms require physician review so please allow 7-10 business days for completion.
<b>NO SHOW POLICY</b>	Sugar Land OB/GYN reserves the right to charge a \$45 .00 fee for NO SHOW appointments. To avoid this fee, call our office to reschedule or cancel your appointment at least 24 hours before your scheduled appointment. This fee is NOT billable to your insurance company and will be your responsibility.

As stated above, the primary goal of our practice is to provide the finest medical care and services to the people in our community. We ask that all patients pay for their examination and treatment in full on the day of each visit to our office. Regarding insurance plans where we are a participating provider, all co-pays and deductibles are due prior to treatment.

I have read, understand, and agree to abide by the financial policy set forth.

**I also acknowledge that I have received a copy of the Sugar land OB/GYN Associates • Notice of Privacy Practice**

SIGNATURE OF PATIENT/RESPONSIBLE PARTY \_\_\_\_\_

DATE \_\_\_\_\_