



## Associates in Women's Health Credit Policy

Thank you for choosing Associates in Women's Health for your medical care. This credit policy is designed to explain our billing practices. We ask that you read and sign below. Please let us know if you have any questions.

Our physicians and ancillary providers participate in most insurance plans and we will submit claims to these companies on your behalf. Every plan is different, so please check with your insurance carrier (usually a phone number is located on your insurance card) if you have specific payment or coverage questions.

Please present a copy of your current insurance card at each visit. To provide credit, we will also need your social security number and a picture ID. Your insurance carrier requires that we collect copayments prior to your visit. Copayments are always due at the time of service. ***If you do not pay your copayment at the time of service, a \$10 service charge will be applied to your account.***

If you do not have insurance you will be required to pay for your services on the day of service. We will provide you with a 15% discount.

A \$175 pre-payment is required of all new patients covered by an insurance plan with which we are not contracted. This payment is applied to the charges from your first visit. As a courtesy, we will file the insurance claims on your behalf.

Your insurance company determines what amount, if any, you owe to Associates in Women's Health. If there is a balance due on your account, we will mail you a detailed statement which is due upon receipt. We accept cash, check, money orders and all major credit cards. A finance charge of 1.5% per month (18% annually) will accrue on all accounts 60 days or older. A \$30 fee will be assessed for returned checks.

It is important to note that any balance over 60 days old may be placed with a collection agency and/or Credit Bureau. This action may affect your credit rating. Therefore, if for any reason you are unable to settle your account within 30 days, it is imperative that you contact our business office immediately. Do not assume that any statement you receive will be paid by your insurance company. Call the business office promptly to correct any billing errors.

If your account is placed with an outside collection agency, you will be charged the full amount of collection fees, attorney fees and allowable court costs. Please note that **placement with an outside agency will cause us to terminate your care with our office.**

We make every effort to resolve insurance issues, but please remember that you are ultimately responsible for your healthcare costs.

Please allow our business office to utilize our knowledge of billing and medical insurance to assist you. You may direct all your business related concerns to (952 841- 9480). We are here to help you.

I HAVE READ AND UNDERSTAND THE CREDIT POLICY DESCRIBED ABOVE AND AGREE TO ABIDE BY ITS TERMS.

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

Print name \_\_\_\_\_ Account # \_\_\_\_\_