WOMENS HEALTH ASSOCIATES, P.C.
FINANCIAL POLICY

Patient Name _____ Date _____
(Please print)

We are committed to meeting your health care needs. Our goal is to keep your insurance or other financial arrangements as simple as possible. In order to accomplish this in a cost effective manner, we ask that you adhere to the following guidelines:

1. You are ultimately responsible for payment of charges for services you receive from our office. Any check payment dishonored by your bank will result in a $25 returned check charge being added to you account.
2. It is your responsibility to provide us with your current address, telephone number, and insurance information at each visit.
3. It is your responsibility to contact your insurance carrier to confirm that our physicians participate on your plan. If you see a doctor that is not currently on your plan you will be responsible for payment in full.
4. If your plan requires a referral it is your responsibility to obtain this prior to being seen by the doctor. If we are required to obtain the referral for you, please notify our office 72 hours prior to the specialist visit so that we have ample time to acquire information from you insurance company.
5. All co-pays are due at the time of service. A $25.00 service fee will be charged for failure to pay the co-payment at the time of service.
6. Laboratory service may be provided by Quest Diagnostics, a contracted outside reference lab. Lab charges not covered by medical insurance will be billed to you through Phytest, an independent lab billing service. You will be responsible for valid lab charges not covered by your medical insurance plan.
7. All medical records request must be in writing and received in our office 72 hours prior to the date needed. Records over 10 pages will only be mailed not faxed. All medical records request over 5 pages will have a charge of $25.00. Occasionally, the fee could be higher if there are excessive pages to copy.

Our office also collects an Administrative Fee for the following services.

1. Completion of all forms (to include but not be limited to)
    a. Marriage license - $25.00
    b. Foreign travel - $25.00
    c. FMLA, disability, life - $25.00
    d. Adoptions - $25.00
    e. Camp - $25.00
    f. School - $25.00
    g. Other miscellaneous - $25.00
    h. Patient requested, computer generated reports (extra claims, statements, payments histories, etc) - $15.00

_____ _____
Patient Signature Date

☐ By checking this box I _____, certify that the information I have entered is correct.