



Thank you for choosing Women Physicians Associates as your Ob/Gyn healthcare provider. Our staff is dedicated to helping you maintain good health by providing you with quality Ob/Gyn care during your pregnancy, well check-ups or for any gynecological problems you may be experiencing.

With regard to insurance:

- An insurance policy is a contract between you, your employer (if your insurance is an employment benefit) and the insurance company. We are not a party to that contract.
- Insurance contracts are not all the same. Their benefits vary with regard to the medical services they will pay for and the percentage of the medical costs they will reimburse you for. All office charges are ultimately your responsibility.
- Our insurance specialists will pre-certify all surgical procedures with your insurance company and explain insurance contract benefits to all obstetrical patients. We require that all surgical and obstetrical patients pay a deposit; our insurance specialist will get that information to you in advance.
- At times it may be necessary for our insurance department to complete disability forms for you. There is a \$15.00 per form processing fee. These forms take 5-7 working days to complete.
- If you have an outstanding balance and your insurance company does not pay our office in full within 30 days of the incurred cost, we will ask you to contact your insurer to expedite payment. If your insurance company does not pay in full within 45 days, you will be required to pay your outstanding balance.
- There is a \$30.00 return check fee; this will be a direct bank draft.
- Account balances over 90 day are sent to outside collections, unless you contact our office and arrange a Payment plan. We understand that temporary financial problems occasionally affect timely payment of patient accounts. If a problem ever exists, please contact one of our account specialists so they can help you manage your account. (Appointments will not be scheduled if your account is over 120 days past due and monthly payments are not current.)

Again, thank you for choosing Women Physicians Associates as your OB/GYN health care provider. We appreciate the trust you are placing in us and welcome the opportunity to serve you.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_