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## Patient Financial Disclosure

Business Office • Phone 208.955.0350 • Fax 208.955.0352

Thank you for selecting OB/GYN Associates for your women’s health care needs! We present the following information to all of our patients, new and established. We want you to be aware of our updated financial policies. Please ask one of our team members if you have any questions regarding these policies.

- We will be happy to bill your insurance as a courtesy; however, all charges, regardless of insurance coverage are the patient’s responsibility. We do expect payment for your portion at the time of service. (Co-pays, co-insurance, deductibles) We ask that if your insurance has not paid within 45 days that you follow up with them. Our office currently contracts with the following insurance companies:

- |  |                                  |                       |                  |
|--|----------------------------------|-----------------------|------------------|
| ~Blue Cross of Idaho (except Chamber Blue)   | ~ Blue Shield of Idaho           | ~ ACN (Caldwell only) | ~ Pacific Source |
| ~Preferred Blue/Blue Cross PPO               | ~ First Health (Coventry)        | ~ Select Network      | ~ Medicare       |
| ~HMO Blue                                    | ~ Idaho Physicians Network (IPN) | ~ Altius              | ~ Idaho Medicaid |
| ~Regence Select Network (except Region Care) |                                  |                       |                  |

\*\*Contact our Business Office at 208.955.0350 for in-network details.

- If you are seen for both wellness or an annual exam and an illness or separate problem is also addressed, proper coding will be used which may result in a charge for both services. Additionally, some medically indicated lab work may *not* be covered by all wellness policies. Your individual contract with your insurance carrier will determine how your insurance will pay. We make every effort to bill each visit with the proper diagnosis and procedure codes according to national coding guidelines. Please understand that we cannot make exceptions to our coding practices due to federal and state legal compliance concerns, and we are unable to bill for services other than those documented in your medical record.
- Injections and some medical supplies must be paid for in advance at the time of service. Lupron injections and IUDs must be pre-authorized with insurance *prior* to service otherwise, these services will need to be paid in full at the time of service.
- For obstetrical care, if you have confirmed insurance we ask for a \$150 payment at the first office visit. We will then arrange a monthly payment contract for the balance of your estimated portion. If you are self pay and do not have insurance we ask for a \$600 payment at the first visit, with a minimum of \$1200 paid toward your contract by the 18<sup>th</sup> week of pregnancy.
- For surgical care, we ask for one half of your estimated financial responsibility at the pre-operative appointment. We would ask that you pay the balance within 60 days following your surgery. If needed, we will arrange a payment plan for the balance.
- We routinely send our PAP and pathology tests to outside labs (St Als Pathology Group, Idaho Pathology/WVMC) for processing therefore you will receive a separate bill from them. These providers may or may not participate with your health plan.
- If you find you need to use a payment plan, please ask to discuss arrangements with our business office.
- There will be a charge for the second scheduled appointment that you miss (no show).
- A \$20.00 service charge is applied to all returned checks.
- Finance charges will accrue on balances over 90 days at a rate of 1.5% per month (18% per annum).
- We accept VISA, MASTERCARD, DISCOVER & AMERICAN EXPRESS credit cards for your convenience.

I have read and understand the above information and agree to comply with these financial policies.

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

Patient Printed Name \_\_\_\_\_ Account # \_\_\_\_\_