

# Marietta Ob Gyn Affiliates, P.A.

## Financial Policy

### **Dexa (Bone Density):**

Your provider may recommend that you have a bone density scan. Each insurance plan has different benefits for this service that may range from covered @ 100%, a co-pay, deductible or plan limitations. We recommend that you verify your benefits, prior to receiving this service.

### **Mammogram:**

There are two reasons for mammograms orders, routine (no current problems) and diagnostic (lump or symptom). Our office orders this test accordingly. Since benefits vary between routine and diagnostic reasons, we recommend that you call your insurance prior to receiving this service

### **Infertility:**

This is a non-covered service by some plans and may require a larger co-payment, co-insurance or deductible. You will be responsible for any amount not covered by your plan. We recommend that you call your insurance plan **prior** to receiving any treatment for infertility.

### **Referrals:**

If your plan requires a referral for diagnostic testing performed outside our office or a referral to another provider, the referral must be obtained prior to your appointment. We require ten business days to obtain your referral authorization. Some plans may require that these be issued by your primary care physician. Once your appointment is scheduled and you have verified with your plan that a referral is needed, call our office with the following information:

1. Date of appointment
2. Physician's name or facility, their phone number and fax number
3. If it is a diagnostic test, we need the name of the test and location of the test.
4. Your insurance plan's name and your identification number

### **Appointment Policy**

#### **Established patient appointments:**

If you are unable to keep your appointment you must give us at least 48 hour's notice. If you fail to notify us a second time, there will be a \$25.00 missed appointment fee. This charge cannot be billed to your insurance. If you fail to notify us on a continuing basis, unfortunately, we may have to discharge you from the practice.

#### **Late Patients:**

If you arrive more than 15 minutes late for your appointment, we may ask that you reschedule. Since we schedule appointments every 15 to 20 minutes, being late affects the entire day's schedule and causes other patients to have longer wait times. If our schedule that day allows, we will reschedule you within the same day. If not, we will reschedule you for earliest available opening.

I have read and understand the above policies and agree to abide by these policies. I hereby acknowledge that I am responsible for keeping my scheduled appointments and have been informed of the policy of Marietta OB Gyn Affiliates, P.A. We hope you will honor this doctor/patient/insurance contract, as we have. If you have any questions you may contact our Business Office or your insurance plan.

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**Signature**

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**Date**