

Marietta Ob Gyn Affiliates, P.A.

Financial Policy

Managed Care Patients:

It is our pleasure to be able to serve you as a preferred provider, under your managed care insurance plan. As you are aware, with your plan there are certain guidelines which we, as a provider, must follow, as well as you, the patient.

These criteria concern co-payments, deductibles and co-insurance. Co-payments, deductibles if not met, and co-insurances are due at the time service is provided. Once the insurance company has processed the claim and our contractual adjustments have been made, any balance owed by you as determined by the insurance company, is due in full upon receipt of our statement.

Add-on Services during Appointments:

You will be fully responsible for any additional services rendered during your appointment. If these charges are not covered by your insurance plan, you will be responsible for any amount not covered. For example, any additional problems addressed during annuals, prenatal visits, post-op appointments, and procedures will be billed separately.

Phone Call Charges:

Please note phone calls initiated by a patient or guardian may be billed to your insurance plan. If these charges are not covered by your insurance plan, you will be responsible for any amount not covered. These charges may apply to calls not related to a visit within the past seven days, if you are seen within 24 hours related to the phone call or if you are within the postoperative period of a completed procedure.

Surgery:

We will obtain benefits and provide you with an **estimate** for surgery done at Kennestone Hospital, East Cobb Health Park or office surgery. As you may be aware, insurance plans read a disclaimer when benefits are obtained that state “this is not a guarantee of payment or benefits and benefits are determined when the claim is submitted and processed”. You will be notified of your estimate and expected payment due at your pre-op appointment. Most office surgery estimates are due the date of your office surgery, however some office surgeries require a portion of the estimate prior to the procedure. You will be notified if your surgery requires any payment prior to your procedure. Once the insurance has processed and paid your claim, any balance is due upon receipt of our statement, unless prior arrangements have been made.

Obstetrical Charges:

We will obtain benefits from your insurance plan and provide you with an **estimate** of your financial obligation. When benefits are obtained, insurance plans read their disclaimer that states “this is not a guarantee of payment or benefits and benefits are determined when the claim is submitted and processed”. Payments of this estimate will be arranged, and must be paid in full by your seventh month of pregnancy. Once you deliver and the insurance plan has processed your claim, any balance is due upon receipt of our statement. Unless other arrangements have been made.

Charges for Missed or Rescheduled Surgical Appointments:

We require 5 business days’ notice for cancellation or rescheduling of the following procedures. Since special equipment is reserved, extended appointment time is given, or the procedure is performed outside our normal business hours, staff are required to arrive early. Failure to provide 5 days’ notice for the cancellation or to reschedule will have the following charges:

*SIS (sonohystogram)	\$100.00	*Colposcopy	\$50.00
*Leep	\$100.00	*Surgery at KOP, Kennestone or East Cobb Health Park	\$400.00

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Billing Charges:

- *Return Check-\$25.00
- *Co-pay not paid at time of visit-\$25.00
- *30% Collection fee if applicable (accounts placed with Collection Agency)

Form Charges/Authorizations

- *Disability Form (1 page) -\$10.00
- *Family Medical Leave Act Form (FMLA) - \$25.00
- *Biometric form - \$25.00
- *Genetic testing authorizations for low risk patients \$50.00
- *Disability Form (2 pages) - \$20.00
- *Special Letters - Call for charge
- *Other Forms \$10.00-\$35.00
- *Prescription Prior Authorizations - \$25.00

Lab Test:

All labs are sent to Lab Corp or Quest unless you instruct us to use a different lab. You will receive a separate bill for any tests sent to these labs, or our Lab Billing Service (Marietta Ob Gyn Affiliates, LLC 2). **These tests are not included in our office charges.**

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

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APPOINTMENT POLICY

Established patient appointments:

If you are unable to keep your appointment you must give us at least 48 hours' 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 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.

Signature

Date