



North Park OB-GYN Associated, PC

2051 Hamill Road, Suite 400

Hixson, Tennessee 37343-4026

Telephone: 423-877-4549 • Fax 423-875-8510

FINANCIAL POLICY

As your physicians, we are committed to giving you the best possible medical care. To achieve this goal, we need your assistance and understanding of our payment policy. We ask that all services be paid at the time of service. We accept Visa/Master Card/Discover/checks and cash. If you have insurance, please present your insurance card for verification. If your insurance changes, please notify us immediately. Please be prepared to provide your insurance card for review on each visit for verification. Without proof of insurance we may require that non-emergent appointments be rescheduled until you can provide necessary information.

Although we are providers with most of the local market insurance carriers we recommend that you inquire prior to your first visit to verify if we are providers with your network. For those networks that we are contracted with we ask that the co-pay and deductibles (if applicable) be paid in full at the time of your visit. We accept assignment for services covered and will bill the insurance. Any balance outstanding following payment from the insurance will be billed to you. With our OB patients verification of Global Benefits will be done within the month of your first visit. You will be notified of the verified benefit and out of pocket expense which we must collect in full by the end of your 6th month. Payment options will be offered to assist you in making arrangements.

Medicare/Managed Care: We are participating Medicare providers and will file Medicare for you. Any services routinely not covered by Medicare (i.e., Preventative Routine Exams) we will request that the services be paid at time of service. We request payment for the 20% of the allowable Medicare charges and any deductible (if applicable) that has not been met at the time of your visit if you do not have secondary coverage for this. If you are a member of a Managed care program that we are not contracted with, and choose to see us as your physician, please be prepared to pay for services at the time of your visit. Or, if your physician has referred you to us, please verify **BEFORE** your appointment that we have received authorization for payment.

Usual and Customary Rates: Our practice is committed to providing the best treatment for our patients and we charge what is customary for our area. If you are a member of an MCO that we aren't contracted with you are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

FINANCIAL AGREEMENT: We will be glad to discuss your proposed treatment and the cost of those services. If you have questions if your insurance will cover a medical service, we will be glad to try to find out if the insurance will cover for those services. HOWEVER, please be aware that your insurance is a contract between you, your employer (if applicable) and the insurance company. We are not a party to your contract. Unfortunately, not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover (e.g., yearly physicals). We must emphasize that as your physician(s) our relationship and concern is with you and your health, not with your insurance company. **ALL CHARGES FOR SERVICES ARE YOUR RESPONSIBILITY AT THE TIME OF THE SERVICE.** Co-payments are due at the time of service. On any balance on your account after 90 days, collection action will be taken. We realize that emergencies do arise and may affect timely payment of your account. **There will be a 2% interest charge added to account balances over 61 days which accrues monthly.** If placed with an outside collection agency there will be a fee of 33.3% added to the balance for the agency fees. All legal fees will be charged to the patient.

Minor Patients: The adult accompanying a minor, parents (or guardians of the minor) are responsible for payment. For unaccompanied minors, nonemergency treatment will be denied unless accompanied by an adult.

If you have any questions regarding the above, or any uncertainty regarding insurance coverage or request for payment, please do not hesitate to ask. We are here to help you.

I HAVE UNDERSTOOD AND AGREED TO THE FINANCIAL POLICY FOR NORTH PARK OB/GYN ASSOCIATED.

I AUTHORIZE RELEASE OF ANY INFORMATION NECESSARY TO PROCESS MY CLAIMS AND AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO THE UNDERSIGNED PHYSICIAN FOR SERVICES HEREON DESCRIBED.

Signature _____

Date _____

Witness _____

Date _____