

PATIENT POLICIES FOR THE PRACTICE

Appointments

- Please bring to each appointment:
 - Your updated insurance card (required or the appointment may need to be rescheduled)
 - A photo ID
 - Your visit co-payment (if you have one)
- Patients that arrive more than 15 minutes late may be required to reschedule their appointment.
- Patients that have a latex allergy should notify us of the allergy at the beginning of their appointment.
- To maintain sanitary conditions in our office, patients may not take food and drinks into exam rooms.
- Patients should only use cell phones in exam rooms with the permission of the attending physician or nurse practitioner.
- Once your appointment is over, please be sure to see an associate at the front-desk to check out of the office and schedule return visit.

Appointment Cancellations and No-shows

- Please reschedule/cancel appointments with at least 24 hours' notice.
- Patients that incur three no-show visits in a 12-month period may be discharged from the practice.
- Patients who no-show or cancel with less than 24 hours' notice for their initial visit will not be rescheduled.

Billing

- **Insurance Cards:** Patients must present current insurance cards at each visit. If the patient is not the subscriber on the insurance plan, patients must provide the subscriber's information, including:
 - Subscriber's name, date of birth, and social security number
 - Relationship to the subscriber
 - Subscriber's address and phone number
- **Insurance Filing:** We file patient claims directly with insurance companies. If Comprehensive Women's Care is an in-network provider with a patient's insurance company, we accept the approved insurance payment amount.
- **Co-payments:** All applicable co-payments are due at the time of service. Patients that are unable to pay for their co-payments may have their appointment rescheduled.
- **Surgery Co-payments, Deductibles, and Co-insurance:** Our office verifies patient benefits for surgeries and procedures, and provides estimates of financial responsibility to patients. Patients must pay the estimated amount due prior to the surgery/procedure.
- **Maternity Care:** Our office verifies benefits for maternity coverage prior to patients' initial OB appointments. Patients receive a letter explaining applicable benefits and payment options. Patients are expected to pay their portion of financial responsibility by their third OB appointment.
- **Patient Balances:** Balances are transferred to patients when any of the following occur:
 - Insurance company has rejected claim and states patient is responsible
 - Insurance has processed claim stating a portion is due from patient
 - Insurance has requested information from the patient and received no response
 - Insurance has not responded to the claim within 30 days
 - Patient did not provide accurate insurance information
- **Collection Procedures:** Patients receive a statement for any balance due. Payment is due upon receipt of statement. If no payment is received or the patient has made no contact with our billing office to pay, patient accounts are sent to an outside agency for collection. The outside agency may report balances to the Credit Bureau according to state and federal law. Once a patient account is transferred to the collection agency, the patient cannot make additional appointments until payment has been made. Collection accounts are subject to dismissal from the practice.
- **Payment Options:** Our office accepts:
 - All major credit cards (phone credit card payments accepted)
 - Health Savings Account and Flexible Spending Account credit cards for co-payments and services that have already been provided (HSA and FSA cards are not accepted for deposits)
 - Checks (returned checks are subject to a \$30.00 fee)
 - Money orders
 - Checking account debit Visa or MasterCard
 - Online payments at www.cwc4women.com

Medical Records and Paperwork

- There is a \$15 fee to complete maternity leave, FMLA, and other “time off” related paperwork. This fee must be paid in full prior to the completion of the paperwork. Effective August 1st, 2018 - a \$15 fee is charged for each set of paperwork completed.
- A fee is charged to copy medical records. This fee is set by federal regulation and varies based on the amount and type of paperwork that is copied.
- Depending on the length and complexity of the records to be completed, it may take up to 30 business days from the date we received the completed medical records release to complete patient record/paperwork requests.

Annuals

- Most insurance companies pay for one annual appointment every 12 months. Please check with your insurance company prior to annual appointments to check on applicable co-payments and deductibles for preventive visits.
- In cases when a patient is not sure whether a deductible applies, we will not collect a payment towards an annual visit. We bill the insurance company and determine whether there is a co-payment/deductible for the visit.
- Often, patients may schedule their annual appointment due to the onset of a problem. In such cases, we may convert an appointment to a problem visit and reschedule the annual visit for a later time. When we address problems during annual visits, we bill the insurance company separately for both items. In such cases, patients may incur additional charges beyond the cost of just the annual appointment.

Follow-up Appointments

- Patients may schedule follow-up tests, ultrasounds, and other appointments by calling our office.
- These appointments may require additional co-payments based on your insurance coverage.
- Postpartum and post-operative appointments are not subject to additional co-payments when scheduled within the allowable postpartum/post-operative period.

Lab Tests

- We offer on-site lab services provided by Ohio Health. Ohio Health partners with most insurance companies to bill for lab work. In cases where patients carry insurance that does not cover Ohio Health services, Ohio Health will not bill for their services.
- Ohio Health bills patients directly for their services. Please contact them directly regarding lab billing questions.

Prescriptions

- Patients should request refills of yearly medications at their annual appointments.
- Patients that do not have a sufficient quantity of medication to last until their next appointment should call the office.
- Please allow 3 business days for us to complete prescription refill requests.

Signature

- By my signature below, I agree to abide by the policies as set forth above.

Patient Signature

Date