

RPW Financial Policy

Thank you for choosing RPW Obstetrics & Gynecology as your healthcare provider. We have written this policy to keep you informed of our current financial policies. Please thoroughly read this policy statement. If you are pregnant, please also see our Obstetric Patient Financial Information & Payment Policy. **Please sign and date below acknowledging that you have reviewed and understand all payment and insurance policies.**

Insurance

Although we are contracted with several insurance companies, it is **your responsibility** to make sure that our physician is in your plan. It is also **your responsibility** to know your insurance benefits. As a courtesy to our patients, we will file primary insurance forms from our office. In order to do this we will need your demographic (e.g., name, address, date of birth, etc) and insurance information. Due to insurance requirements, we may need to request this information frequently. Please inform the receptionist of any changes. Failure to notify us immediately of changes in demographic information, financial status and/or insurance coverage may result in you being responsible for any services not covered by your insurance carrier. At the time of your appointment, you will need your insurance card, photo ID, co-pay and any other forms that will assist in making sure that your claim is filed correctly.

Insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. **At the time of service, you will be responsible for all fees that are not covered by your insurance, including co-pays, co-insurance, deductibles and non-covered services or items received.** The co-pay cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier. We strive to be as accurate as possible in calculating your responsibility, but with so many differences in insurance policies and fee schedules, we are not always exact. You may receive a statement from our office for any balance due. For your convenience, we accept cash, checks, credit cards (Visa, MasterCard, and Discover), debit cards, and money orders. Payments are also accepted by phone. There will be a fee of \$25 for any returned checks.

No Insurance (Self-Pay) or “Out of Network” Insurance

If you do not have insurance, or if you have insurance coverage under a plan with which we do not have a contract, you will be considered a “self-pay” patient. Payment will be due at the time of service. If you are unable to pay your balance in full, you will need to make prior arrangements with our billing staff. We require a \$50 deposit **PRIOR** to your office appointment. If you can pay for your office visit in full at the time of service, you will receive a 15% discount.

Billing

If you receive a bill from us, it is because we believe the balance is your responsibility. Please contact your insurance company first if you think there is a problem. If you have further questions about your bill, please call our billing department immediately at 630-832-4210. If you cannot pay the entire balance, please call our billing department to make financial arrangements. Payment is expected within 30 days of the statement date. If payment is not made within 30 days, a \$10 late fee will be added to your account. If payment is not made in 60 days a \$25 late fee will be added to your account and final notice will be sent. Failure to pay may result in your account being turned over to a collection agency, in which case a \$50 fee will be added to your account, and you may be subject to dismissal from the practice.

Appointments

Please arrive at least 15 minutes prior to your appointment to update your records or complete paperwork required by your insurance. In order to meet the needs of our patients, please call us immediately if you have to reschedule your appointment so that we can accommodate another patient's needs. There will be a **\$25 No-Show fee** if you scheduled an appointment and failed to show up without providing at least 24 hours advance notice of the cancellation. The fee must be paid within 30 days of receipt and before scheduling another appointment with RPW. Violating this policy repeatedly will lead to dismissal from the practice.

Medical Records

Your medical record will be held in the strictest confidence. If you request a copy of your records to be sent to another physician or to yourself, a written authorization will be required. A processing fee and additional costs may apply. Only the records requested will be forwarded.

Patient Signature

Date