

## EASTWIND WOMENS HEALTH FINANCIAL POLICY

Welcome to Eastwind Womens Health. In order for our medical staff to be able to deliver the quality of care that you are accustomed to, we have established our financial policies. The following is a list of guidelines that are necessary to continue to provide high-quality care and make your visit as pleasant as possible.

### PLEASE READ ALL INFORMATION AND ACKNOWLEDGE BY SIGNING BELOW.

- 1) We ask that you present your insurance card at each visit. It is your responsibility to provide us with the correct information to bill your insurance.
- 2) If you have a change of address, name or telephone numbers, please notify the receptionist.
- 3) We will collect your co-payment at the time of your visit. If you have a balance after an insurance payment from a previous service, we will also ask for that payment. We accept cash, checks, Visa, MasterCard, and Discover.
- 4) If we do not participate with your insurance company, you will be expected to make payment in full at the time service is rendered.
- 5) If your insurance denies our charges or does not pay us in a timely manner, or if your account becomes delinquent, we reserve the right to refer your account to a collection agency and report your account to the credit bureau.
- 6) HMO-PPO PATIENTS: If we participate with your plan, we will bill your insurance for you. Your co-payment will be collected at the time of service--no exceptions. If insurance requires referral from PCP you must obtain.
- 7) SELF-PAY PATIENTS: Patients with no insurance will be expected to pay at the time of service. If you will not be able to pay in full; you must contact our billing department prior to seeing the physician and/or nurse practitioner to make payment arrangements.
- 8) Your insurance is a contract between you, your employer, and the insurance company. It is very important that you understand the provisions of your policy. We cannot guarantee payment of all claims. If your insurance company pays only a portion of the bill or rejects your claim, any contact or explanation should be made to you, their policy holder. Reduction or rejection of your claim by your insurance does not relieve you of your financial obligation.

Remember, whether you do or do not have insurance, you are ultimately financially responsible for payment of your charges. If you have any questions regarding our financial policy, please contact our billing department at 614-890-1914, ext 102.

*I have read and have a full understanding of the financial policy of Eastwind Womens Health.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_