



FINANCIAL POLICY FORM

Thank you for choosing us as your health care provider. We are committed to providing the best possible medical care. The following statement explains our Financial Policy which we require you to read, sign, and return to us prior to any treatment.

***All patients must provide accurate and complete personal and insurance information prior to being seen by the doctor.**

Without your insurance information, you will need to pay for your visit in full.

*All applicable co-pays, personal balances, both current and prior, are due at time of service.

*We accept cash, checks, VISA, and MasterCard. For any returned checks unpaid by your bank, we will charge a \$50 fee.

Regarding Insurance

We participate in most insurance plans. **It is your responsibility to verify physicians participation with your insurance company.** We accept assignment of benefits from your insurance, but the guarantor, the person who is financially responsible, is personally liable for all balances not covered by insurance. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. It is your responsibility to understand and comply with any predetermination of benefits or referral requirements. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance.

Past Due Accounts

Overdue accounts (more than 90 days) may be referred to a collection agency. If you have special circumstances, please call us to see if we can work out a mutually agreed upon arrangement. It is more likely we can work out an arrangement if you contact us **before the 90 day past due time**. Collection agency fees and legal fees that we pay to secure past due balances will be added to your account.

Missed Appointments

We reserve the right to charge a fee for any missed appointment. **A missed appointment is defined as not showing for your appointment, canceling the day of your appointment or arriving late to your appointment requiring a reschedule.** As a courtesy to other patients and our office, it is important to give us advance notice if you are unable to keep your appointment at the appointed time. We reserve the right to increase the fee for multiple missed appointments.

Minors (18 or younger)

If the patient is a minor, the parent or guardian must sign below. The parent, guardian, or unaccompanied minor is responsible for any payment due at time of service, and bringing the most current insurance card.

Cummins Women's Health + Wellness firmly believes that a good physician/patient relationship is based on understanding and good communication. If you have questions about your insurance, we are happy to help you but specific coverage issues should be directed to your insurance company. Please sign below stating you have read and agree to this Financial Policy.

Patient/Guardian Signature

Printed Name

Date