

P. DOUGLAS MUMFREY, M.D. / JULIE GRIMES, M.D.
THE WOMEN'S HEALTH TEAM

PATIENT FINANCIAL POLICY

Welcome to our office and thank you for choosing us as your healthcare provider! We are committed to providing you with quality medical care and service. Your experience here is important to us and we would welcome your feedback. To reduce confusion and misunderstanding between our patients and practice we have adopted the following financial policies. If you have any questions regarding these policies please discuss them with our Office Manager. Your complete understanding of your financial responsibility is an essential element of your care and treatment.

- Unless other arrangements have been made in advance, either by you or your health insurance carrier, full payment is due at the time of service for any patient balance. This includes **co-payments, deductibles, or co-insurance amounts**.
- It is our policy to collect co-pay amounts when you arrive for your appointment. For your convenience we accept **Cash, Personal Checks, MasterCard, Visa, Discover and American Express**.
- If you have insurance coverage with a plan that we do not participate with the charges for your services are due at the time of your appointment.
- A **\$25.00 fee** will be assessed for all **returned checks**.
- If copies of your medical records are requested we require that your complete and sign a Medical Records Release Form. There may be a \$25.00 fee for preparation of records by the doctor.
- We require 24 hour notice if you are unable to keep your appointment. As a courtesy we will call and remind you of your appointment in advance.

OBSTETRICAL CARE

- We charge a flat fee for normal delivery. All lab tests, sonograms or any other treatment ordered by the physician will be separate charges. We require that all obstetrical obligations be paid in full by the eighth month of your pregnancy. Financial arrangements will be made with the Office Manager. We will pre-certify your delivery and bill your insurance carrier for all benefits available to you under your plan.

SURGICAL PROCEDURES

- If a surgical procedure is recommended by your doctor, we will pre-certify the procedure with your insurance company. We require that all deductibles be paid prior to your procedure. If you are unable to meet this requirement we can discuss financial arrangements for monthly payments.

INSURANCE

- We are happy to file your insurance claims for you. Please provide us with complete and current information so that we may assist you in following the guidelines by your insurance carrier. We have made prior arrangements with many insurers and health plans to accept assignment of benefits. However, please keep in mind that the contractual arrangement exists between YOU and THE WOMEN’S HEALTH TEAM., not between your insurance company and THE WOMEN’S HEALTH TEAM. Therefore, the ultimate responsibility for payments rest with the patient. **We ask that you bring your insurance card with you to each visit.**

MINOR PATIENTS

- For all services rendered to minor patients we will look to the adult accompanying the patient and the parent or guardian with custody for payment.

We greatly appreciate your understanding and cooperation. If you have any questions please feel free to consult with the Office Manager.

I have read and understand the financial policy of the practice, and I agree to be bound by its terms. I also understand and agree that the practice may amend such terms from time to time.

Print Name of Patient

Signature of Patient or Responsible Party

Date

Name of Responsible Party, if other than Patient

Date

**ACKNOWLEDGEMENT OF REVIEW OF
NOTICE OF PRIVACY PRACTICES**

I have reviewed The Women’s Health Team’s Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Print Name of Patient

Date

Signature of Patient or Personal Representative

Print Name and Relationship (ex. Mother, Sister, etc.) or Personal Representative (if applicable)