



Associates in Womens Health

Financial Policy

Thank you for choosing Associates in Womens Health for your healthcare needs. All patients must read and agree to the following Financial Policy, payment in full is considered part of treatment.

METHOD OF PAYMENT: We accept cash, checks, and all major credit/debit cards. A payment plan may be arranged by contacting the billing department at (402) 614-8181. A \$35.00 service charge will be assessed on all returned checks.

FINANCIAL RESPONSIBILITY: All patients over the age of 19 are responsible for their own balance. Patients under the age of 19 will need to list a parent as financially responsible for any balance due, as well as providing current phone number, date of birth, and address for the financially responsible party.

PRIVACY: We wish to protect our patients' privacy, therefore we will **only** discuss your account with individuals designated on your PHI FORM. *If you are a minor please be advised we will not discuss your health information OR billing information with your parents unless it is specified on your PHI FORM.*

INSURANCE: We accept most major insurance plans, however it is your responsibility to verify that we are part of your insurance network. It is also your responsibility to provide current and accurate insurance information **at every visit**, including the policy-holder's full name, date of birth and address. Without current insurance information you will be considered self-pay at the time of service, please see the **SELF-PAY** policy below. If incorrect/inactive insurance information is provided then the patient will be held responsible for the entire balance.

It is critical for patients to provide all active insurance policies for each visit. If incomplete insurance is provided and this results in claim denials or recoupments, then it will become the patient's responsibility to pay the balance in full and file for reimbursement directly from their insurance.

REGARDING COVERED SERVICES: We provide services with your health and well-being as our highest priority, and our providers follow national guidelines to help determine the best type of care to provide on an individual basis. We encourage our patients to understand how their insurance benefits work, as well as the difference between *routine* and *diagnostic* services. *Some services provided at your routine annual exam may be applied to your deductible/co-insurance if they are done to diagnose a problem that was discussed during your annual visit.* Please be advised that you are responsible for amounts that your insurance does not cover, except for the contractual discount (if applicable). You should contact your insurance if you have questions about what is covered by your policy. To comply with insurance regulations we must bill services for the actual reason they were performed, we will not bill services differently in order to receive higher reimbursement from insurance or to reduce patient balance due. FOR EXAMPLE: if a repeat pap smear is necessary due to abnormal results, it cannot be billed as routine because it is considered a diagnostic service therefore it may be subject to your deductible.

MEDICAID/MEDICARE: We are contracted with Nebraska Medicaid and Medicare. If you have applied for NE Medicaid please advise us immediately. We will list you as PENDING until your NE Medicaid is approved. If your NE Medicaid application has NOT been approved within 8 weeks of being seen payment will be requested IN FULL for the balance due on your account.

Once you are approved for NE Medicaid please notify us immediately. You will also need to notify Physicians Laboratory Services if there have been any laboratory services provided.

SELF PAY: Self pay patients must pay at least \$50 prior to receiving care. You are expected to make monthly payments on the remaining balance. If you wish to pay in full at the time of service a discount of 20% may be arranged. You will receive a bill from Physicians Laboratory for any lab tests performed.

SELF-PAY OBSTETRICAL POLICY: Patients without insurance who are seeking obstetrical care will need to make payment arrangements prior to their first appointment by contacting our billing department at (402) 614-8181.

INFERTILITY SERVICES: You must enroll into our Infertility Services Program prior to receiving any infertility services. Please contact the office if you would like to obtain an enrollment packet.

BILLING/NON-PAYMENT/COLLECTIONS: We will send a statement each month for balances due. You are expected to make monthly payments on any balance due, please see below for examples of acceptable payment amounts. If a final notice statement has been sent we will require a payment before you can be seen. Existing balances will be required to be paid in full prior to beginning obstetrical care with our office.

If no payment is received within 3 months of the date on your first statement, your account will be turned over to a collections agency (Merchant Credit Adjusters). We will require payment **in full** on any collections balance prior to being seen again.

Examples of acceptable monthly payments:

Total balance	Monthly payment
\$150 or less	\$50
\$151-\$300	\$75
\$301-\$500	\$100
\$501-\$750	\$150
\$751-\$1000	\$200
\$1001-\$1500	\$250
\$1501-\$2000	\$275
\$2001-\$2500	\$300
\$2501 and up	Please call to discuss arrangements