# ASSOCIATES IN WOMENS HEALTH

## Financial and Insurance Policy

***Updated Effective: March 1, 2021***

Thank you for choosing Associates in Womens Health ("AWH") for your healthcare needs. All patients must read and agree to the following Financial and Insurance 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 financially responsible for all services provided and are expected to pay for services at time of service, including any past due balance from a prior date of service. *Patients under the age of 19 must list a parent or other responsible adult 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. We will **only** discuss accounts with individuals designated on the most recent Protected Health Information ("PHI") Form. *If the patient is a minor, we generally will not discuss the patient's health information OR billing information with parent/guardian unless it is specified on the PHI FORM. However, billing information will be provided to the financially responsible party, which may include the parent/guardian, and such billing information may contain information regarding the treatment provided to the minor patient.*

**INSURANCE:** We accept most major insurance plans, however it is the patient's responsibility to verify that we are part of their insurance network. It is also the patient's 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 patients 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.

Insurance companies have deadlines for filing claims, if insurance information is provided outside of the timely filing window, it will become the patient's responsibility to pay the balance and file for reimbursement directly from insurance. **AWH will not file claims outside of the timely filing deadline.**

**INSURANCE AUTHORIZATION:** All professional services rendered are charged to the patient. Our office will complete the necessary forms to help expedite insurance payments. However, the patient is responsible for all fees regardless of insurance coverage, including services provided by commercial insurance, Medicare, Medicaid, Medicaid Managed Care Plans and/or any other federally funded health care plans.

**REGARDING COVERED SERVICES:** We provide services with the patient's 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 the

routine annual exam may be subject to deductible/co-insurance if they are required to diagnose a problem that was discussed during the annual visit. Please be advised that patients are responsible for amounts not paid by insurance, except for the contractual discount (if applicable). Patients should contact their insurance directly with any questions about what is covered by their policy. To comply with insurance regulations services must be billed for the actual reason they were performed, we will not bill or code 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 previous abnormal results, it cannot be billed as routine because it is considered a diagnostic service therefore it may be subject to the deductible.

If a patient disputes a balance due after the insurance has processed the claim, it is the patient's responsibility to contact their insurance directly, and to ensure that the insurance reprocesses the claim. The balance will remain patient responsibility until an updated Explanation of Benefits is received from the insurance company. Balances will not be placed on hold to wait for insurance to reprocess claims.

**MEDICAID/MEDICARE:** We are contracted with Nebraska Medicaid and Medicare. Any patients that have applied for NE Medicaid must notify AWH as soon as possible. The patient will be listed as PENDING until NE Medicaid is approved. If the patient's NE Medicaid application has NOT been approved within 8 weeks of their appointment payment will be requested IN FULL for the balance due on the account. It is the patient's responsibility to follow up with NE Medicaid to ensure the application and all supporting documents have been received and are being processed.

Once approved for NE Medicaid please notify AWH immediately. Patients may need to provide Medicaid information to the laboratory as well.

**AWH is only contracted with Nebraska Medicaid, we are NOT contracted with any other state Medicaid program, including the state of Iowa. Patients with out of state Medicaid policies will be considered self-pay.**

**SELF PAY:** Self pay patients must pay at least $100 prior to receiving care. Patients are expected to make monthly payments on the remaining balance. A discount may be arranged only if services are paid at the time of service. If laboratory services were rendered, the patient will receive a bill directly from the laboratory.

**SELF-PAY OBSTETRICAL POLICY:** AWH requires prepayment for the entire obstetrical episode of care, including the delivery charge, prior to the delivery. Self pay obstetrical patients are required to pay at least $500 prior to receiving care at their initial visit. A discount will be provided. Patients without insurance who are seeking obstetrical care will need to make financial arrangements as soon as possible by contacting AWH's billing department at (402) 614-8181.

**INFERTILITY SERVICES:** Patients must enroll in the Infertility Services Program prior to receiving any infertility services. Please contact the office to obtain an enrollment packet.

**LABORATORY SERVICES:** AWH uses Physicians Laboratory Services, Quest Diagnostics, Myriad, PerkinElmer, and MDL for various laboratory testing services. Patients may receive a bill directly from one of these labs for services rendered. Please contact the laboratory directly with any questions.

**PREPAYMENT REQUIREMENTS:** AWH may require prepayment for certain services, including, but not limited to: surgical procedures, office procedures, contraceptive devices, infertility services, injectable

medications or any other services at AWH's discretion. AWH may decline to provide these services if prepayment cannot be collected.

**BILLING/NON-PAYMENT/COLLECTIONS:** AWH will send a statement each month for balances due. Patients 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 the patient can be seen. Existing balances must be paid in full prior to beginning obstetrical care with our office.

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

AWH reserves the right to decline to provide services due to an existing overdue balance or a balance that has been turned over to collections. AWH may terminate the physician/patient relationship if the Financial Policy is not adhered to by the patient. In this case a certified letter will be sent to the patient informing the patient of this decision, as well as details regarding what is required of the patient to continue care with AWH.

Examples of acceptable monthly payments are as follows:

| **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 |

# ASSOCIATES IN WOMENS HEALTH

# FINANCIAL AND INSURANCE POLICY

# ACKNOWLEDGEMENT AND AGREEMENT

Patient name: _____ Patient's DOB: _____

Account number: _____

***Acknowledgement***

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***Insurance Authorization and Assignment***

I hereby assign payment directly to AWH for any medical and/or surgical benefits for professional services rendered. I understand that I am financially responsible for my deductible, coinsurance, copayments, and any services rendered without prior authorization by my insurance company, Medicare and/or Medicaid. I also authorize the release of information to another physician, hospital or insurance company as may be necessary for further treatment or determination of benefits and payments. In addition, AWH has my authorization to appeal any denied claims directly with my insurance company or other third party payor on my behalf.

***I understand the foregoing Financial and Insurance Policy and agree to all terms contained therein. In addition, I expressly agree to pay for all services provided not covered by insurance.***

Patient Signature: _____ Date: _____

**IF PATIENT IS A MINOR**

Parent/Guardian Signature: _____ Date: _____