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Professionals for Women's Health

Financial Policies

Welcome

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible medical care. Your clear understanding of our practice financial policy is important to our professional relationship. We make every effort to keep our fees reasonable while at the same time covering the cost of the services we provide. Payment of your bill is considered part of your overall treatment. In order to keep healthcare costs to an absolute minimum, we have adopted the following policies.

Fees and Payments

Fees are standard and based on the complexity of your visit. Payment in full is required at the time of your visit and can be made with cash, personal check, money order, Visa, MasterCard, or Discover.

Insurance co-payments are due at the time of service. We will not bill your secondary insurance for co-payments. If you are unable to pay your co-payment at your visit, your appointment may need to be rescheduled. If it is necessary that you be seen, a $25.00 Copay Service charge will be added to your account

While, filing insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. Your insurance is a contract between you, your employer and the insurance company, we are not party to that contract. Before your visit, contact your insurance company to verify that we are participants in your plan, and that the services you intend to receive are covered. In order for us to file a claim, you must present a CURRENT copy of your insurance at each visit and communicate any changes in your personal information.

Not all services are a covered benefit in all policies, so it is very important that you understand the provisions of your individual policy Insurance companies select certain services that they will not cover, therefore we can't guarantee payment of all claims by your insurance company. Some common examples of non-covered services are contraception and infertility. Additionally, some plans do not cover preventative or obstetrical services. Reduction or rejection of your claim does not relieve you of your financial responsibility.

PLEASE NOTE: Each visit is documented in your medical record and a diagnosis is made by the provider. Diagnoses are made based on medical information, not based on coverage by Insurance Companies. To request a diagnosis change solely for the purpose of securing reimbursement from an insurance carrier is inappropriate and is considered insurance fraud.

Required at Check-In

1. Verify Personal Contact Information
2. Present Current Copy of Insurance Card
3. Present Current Picture ID
4. Payment of any Outstanding Balance
5. Payment of Today's Visit

We will verify your coverage at each visit. If we are unable to do so, you will be considered self pay and will be responsible for your visit.

Self-Pay

In order to address the needs of our patients without insurance and patients with coverage limitations, we offer a 40% discount off our standard fees. This discount acknowledges the lower cost involved in billing and collections when a claim does not need to be submitted to a third party payer. In order to qualify, payment needs to be made IN FULL prior to or on completion of your visit or procedure. Any remaining balance is not eligible for a discount. This discount applies to all medial services provided and is offered only at time of service. This policy does not apply to any miscellaneous charges or lactation consultations.

Medicare and Medicaid

We gladly accept Medicare patients and will bill our services at the allowed rate. Medicare regulations require that you sign an Advanced Beneficiary Notice (ABN) at every visit. This form helps to explain which services Medicare may not cover and may be your responsibility. Lab work will require a separate ABN signature.

We gladly accept patients with Medicaid, Molina and Caresource as well. Your current card must be presented at each visit. Due

to recent changes in the state Medicaid policies, patients may be switched between the three payers from month to month. IT IS YOUR RESPONSIBILITY TO PROVIDE THE CURRENT INFORMATION AT EACH VISIT.

Annual Exams and Mammography

Please verify that your insurance will cover these preventative services before making your appointment. Depending on your age and the plan, these services may not be covered. Also, some insurance companies are very strict in enforcing time limits between visits and may not cover your visit if you are even one day early.

Family Medical Leave Act and Disability Paperwork

If your employer requires Family Medical Leave Act (FMLA) or Disability paperwork to be completed by your provider, we offer two options.

1. A form created by our practice that meets the needs of both employer and patient. Patients may request this form to be filled out at any time to clarify their current condition. The turnaround time for this form is 5 -7 business days and there is no charge for this.
2. Forms directly from your employer requiring additional information take considerable time for the staff to complete. We are happy to complete these forms for you; however there is a 5-7 business day turnaround and a charge of $25.00, payable in advance.

Medical Records

In order to be in compliance with Ohio State law and HIPAA regulations, we charge a per page charge, payable in advance, if you would like a copy of your records sent to you or another physician. This per page fee policy is available upon request. As always, if a collaborating physician (primary care or specialist) requests portions of your record to assist in your care, there is no charge.

Obstetrics and Surgery

We have separate policies available for Obstetrical and Surgical services. You will be given these policies should your care warrant.

Miscellaneous Charges

Returned Check Charge — Non Sufficient Funds (NSF) checks are subject to a $25.00 fee (in addition to fees from your bank).

Collections Charge — Accounts that are not paid within 60 days from due date may be sent to an External Collection agency and reported to the Credit Bureau. In addition to your outstanding balance, a 33% surcharge may be added to cover our costs. In addition, you may be removed from the practice.

Lab Charges -– Depending on your insurance, you may get a separate bill from the lab facility that performs your lab work. These charges should be discussed directly with the Lab facility.

Refunds

Patient Refunds are processed on the last Wednesday of the month. Any account that has outstanding claims will not be eligible for a refund.

Facility Fees

We are contracted with some Insurance Companies to charge a Facility fee for procedures done in our office. This does mean that two separate bills will be submitted to your Insurance Company for the same date. Our agreement with your insurance allows us to charge lower rates than then Hospitals which helps to keep your premium rates lower. Not all procedures are allowed, but you will be notified if a Facility fee will be billed.

We realize that temporary financial problems may affect payment to your account.

If problems do arise, please contact our Billing Manager at (614) 268-8800 for assistance.