



## OFFICE POLICY

- **WOMEN'S SPECIALTY IS A GROUP OF SOLO PRACTITIONERS.** Certain office functions are shared: office management, reception and billing. Our goal is to give you high quality health care at affordable prices. In an attempt to do so, we have developed the following policy. Please read the statements below, and, if you have any questions, please feel free to discuss them with us.
- **CONTRACTED INSURANCE PLANS (HMO-PPO):** It is your responsibility to supply us with the appropriate billing information. This includes current insurance identification as well as the billing address and anything else required by your insurance carrier for payment of claim. You will be required to pay any **CO-PAYMENT, DEDUCTIBLE** and/or **NON-COVERED SERVICES AT THE TIME OF YOUR VISIT.** Please be aware that we do not bill amounts less than \$50.00 to the secondary insurance. If you consent to receive medical services that are considered "non-covered benefit" by your HMO-PPO, then you will be held financially responsible for these charges. If a referral is required by your insurance company, you must contact your primary care physician. You must bring the referral to your scheduled appointment. It is the patient responsibility to request and make sure the referral is received prior to treatment. Please educate yourself as to your health insurance plan's rules and regulations regarding contracting laboratory, radiology and outside services. If a referral is not authorized by your primary care physician and you wish medical treatment anyway, you are responsible for the fees at the time of your visit. If your insurance plan does not pay your account, you will be responsible to pay for your medical services.
- **COPAYS: COPAYS ARE DUE AT THE TIME OF YOUR VISIT. WE DO NOT BILL FOR COPAYS. IF YOU CANNOT PAY YOUR COPAY AT THE TIME OF YOUR APPOINTMENT, YOUR APPOINTMENT WILL BE RESCHEDULED. IF YOUR APPOINTMENT IS RESCHEDULED AND YOU THINK YOU ARE HAVING AN EMERGENT MEDICAL PROBLEM, WE SUGGEST YOU GO IMMEDIATELY TO THE CLOVIS COMMUNITY HOSPITAL EMERGENCY ROOM. OUR STAFF CAN GIVE YOU DIRECTIONS TO THE EMERGENCY ROOM IF YOU DO NOT KNOW HOW TO GET THERE.**
- **NON-CONTRACTED INSURANCE:** We bill your insurance as a courtesy to you. If your insurance company does not pay within 30 days, you must pay the balance. We do not bill out of state carriers. Payment in full is expected at the time of service. You will be given a copy of your bill that includes the information necessary to bill your insurance carrier.
- **MEDICARE:** We are a participating provider for Medicare. You will be expected to provide a Medicare card and endorse the assignment of benefits from the bill to our office. Medicare will determine total payment due to the doctor, pay the customary amount and notify our office of the deductible and/or co-insurance. We will then bill you for the allowable fees due and request that you promptly remit payment to our office. Please obtain copies of your bill at the time of service to bill any secondary insurance. We will bill, as a courtesy, secondary insurance carriers with which we are contracted.

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- **SELF-FUNDED/THIRD-PARTY ADMINISTRATORS:** If your plan carries a high deductible and you are having a procedure or surgery, payment of the deductible needs to be arranged or paid prior to the procedure/surgery date. It is then your responsibility to seek reimbursement from your administrator. For all other visits, we will bill your insurance as a courtesy.
- **OBSTETRIC (OB) COVERAGE:** Your insurance benefits for doctor's services will be reviewed with you, usually by your third OB visit. If your insurance has a deductible owed, it is due and payable by the beginning of your 7<sup>th</sup> month.
- **MOTOR VEHICLE ACCIDENTS/WORKER'S COMPENSATION:** If you have been involved in an accident, payment is expected at the time of service. You will be given copies of your bill so that you may submit it to the appropriate party. Occasionally, your insurance company may require additional information regarding your medical care. If this is requested, there will be an additional fee charged to your insurance carrier. These reports will be provided when payment is received.
- **PRIVATE:** Payment is expected at the time of service. If you are unable to pay at the time of service, you must make arrangements in advance. Interest will be charged to your balance after a 30-day billing cycle.
- **CERTIFIED NURSE MIDWIVES (CNM):** Some insurances do not reimburse for nurse-midwives directly. If this is the case with your insurance company, we will bill under the name of the physician. If you are contracted with an HMO or PPO, your referral from your primary care doctor will need to be made to the physician, but you may make your appointments directly with the nurse-midwives.
- **RETURNED CHECKS:** If your check is returned, you could be liable for three (3) times the amount of the check or \$100.00, whichever is greater, plus face value of the check and any court costs. Our normal charge for a returned check is the check amount plus any bank fees. You will be asked to pay cash or money order for returned checks. Non-paid NSF checks are referred to the District Attorney's office.
- **APPOINTMENT COURTESY:** We are very glad to schedule appointments for patients to see all physicians and midwives. We realize that unforeseen circumstances might make it impossible for you to keep your appointment. If this should occur, we ask that you kindly call our office 24 hours prior to your appointment and reschedule for a more convenient time. If less than 24 hours notice is given or if you fail your appointment, you will be charged a \$25.00 fee. This charge will not be covered by your insurance carrier. If you continue to fail appointments, you may be dismissed from the practice and will need to seek medical care from another physician.
- **INTEREST ON LATE PAYMENTS:** Interest is assessed on all accounts that exceed a 30 day period from the date of billing for services rendered. The interest rate of 0.0083% (50¢ minimum) annually starts when the 30 day time period is exceeded
- **MEDICAL RECORDS:** Our office will copy your medical records upon request and signing of the consent form which authorizes the release of your records. The fee for copying of records is \$42.00.

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- **LABORATORY:** Physicians/CNMs recommend specific lab tests in order to determine treatment and evaluation. Some insurance companies may not pay for these services. Some labs may or may not be contracted with your insurance. You need to be responsible for understanding your insurance benefits and limitations. We will do our best to direct you, but when in doubt, check with your insurance company prior to having lab services.
- **ON-CALL SCHEDULE:** Occasionally, when your doctor or nurse-midwife is called away, his or her nurse will be able to help you with a problem. Sometimes, your provider will arrange for another doctor to see you if he or she cannot be present. We will make every effort to inform you in advance if this is necessary. *Emergencies are common and babies come when they want to! We apologize for occasional necessary delays during business hours. We will keep you informed if there is a delay.*
- **OFFICE COURTESY:** **Please do not smoke anywhere in the office. Please keep your children on their best behavior and do not leave them unsupervised. No cell phones or pagers please. Shirts and shoes are required. No pets. We reserve the right to refuse service.**
- **FACILITIES WE USE:** Women's Specialty Center physicians and nurse midwives perform all deliveries and procedures at Clovis Community Hospital. *We will not be able* to care for you at any other facility. If you present yourself for medical care at any facility other than Clovis Community Hospital, you will have to find another physician or nurse midwife.
- **PATIENT CARE POLICIES:** In so far as possible, we will schedule appointments for you at your convenience. If you can't make it to an appointment, please do us the courtesy of calling to reschedule before you miss the appointment. Missed appointments are not in the best interest of you or your baby's health and are a discourtesy to our staff and other patients. Repeated missed appointments may be a reason to transfer your care to another facility.
- We will do everything possible to assure the safety of you and your baby. Recent research has shown that approximately 10% of women of all ethnic and socio-economic groups use drugs or alcohol during pregnancy. We reserve the right to perform random drug screens at our discretion in order to provide you with the best advice for the health of your baby. A positive drug screen will result in the transfer of your care to another facility.
- We strive to offer you excellence in both medical and personal care in an atmosphere of comfort and mental respect. As we respect you, we ask that you respect our staff and other patients by complying with our policies. If there is a problem, do not hesitate to speak to your doctor or any member of our staff. We want to work together with you to ensure you a safe and happy pregnancy, labor, and delivery.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Signature of Witness \_\_\_\_\_