



Women's Group of Franklin

Financial Policy Form

In an effort to avoid any problems or delays in the services you receive, please be aware of the following:

- You are responsible for knowing your benefits, including co-payments or co-insurance amounts, requirements for specialist referrals and any benefit exclusions. The contract you have with your insurance is between you and your insurance company. Your insurance company's customer service department can help answer any coverage questions for you or your family. The number for your insurer's customer service department is listed on your insurance card.
- **All co-payments are due before services are provided.**
- There will be a \$25.00 service charge on all returned checks.
- **Deductibles and co-payments and co-insurance are required prior to all surgeries. All procedures not covered by insurance must be paid in full prior to surgery.**
- **All obstetric patients are required to pay any portion of the obstetric fees not covered by the insurance (which includes deductibles and co-insurance) by the 20th week of pregnancy. Care may be discontinued for non-compliance.**
- If you have a credit on your account, refunds will be issued 4-6 weeks after request if there are no pending insurance claims.
- Any unpaid balances older than 30 days may be subject to 1.5% interest per month.
- Patients needing services involving a third party account will be responsible for their own account. As a courtesy, we will be glad to file insurance for you.
- The responsibility for payment of services lies with the person seeking treatment or the person seeking treatment for a minor. Any court ordered responsibility judgment must be determined between the individuals involved without the inclusion of our office.
- All patients seeking infertility services must furnish a statement from their insurance company regarding infertility benefits before services are rendered. All services not covered by insurance must be paid at the time of service.
- All patients having insurance requiring referral for OB/GYN services will be required to present the referral before services are provided. All patients seeking service without a referral must pay for the service in advance or reschedule the appointment.
- **Women's Group of Franklin physicians may discontinue care for any patient due to non-payment.**
- Any patient's account that cannot be collected by our office may be turned over to a collection agency. In addition, you will be responsible for the collection agency fees, court cost, and attorney fees incurred by the agency to collect your account.

I have read and understand the above Financial Policy and agree to meet all financial obligations.

Patient Name (please print)

Patient Signature

Date

Responsible Party (please print)
(If other than patient)

Responsible Party Signature

Date