

North Spokane Women's Health Office Policy

Effective January 1, 2021

Thank you for choosing North Spokane Women's Health. We are committed to providing you with quality and affordable health care. To ensure a clear understanding of your financial responsibility, and with respect to the medical services we provide, the following in office policies have been established.

Payments: PAYMENT IS DUE AT THE TIME OF SERVICE. This includes, but is not limited to: co-pays, outstanding deductible or co-insurance amounts, non-covered services and self-pay patients. For your convenience, payment options include personal check, Visa, MasterCard, Discover, or money order. *Please note all returned checks will be charged a \$35 fee, and we will no longer accept checks from you in the future.*

Proof of Insurance: All patients must complete our Patient Profile form before being seen. **We must obtain a copy of your current driver's license and valid insurance card(s).** If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim.

Missed Appointments: **We require 24 hours notice to cancel or reschedule an appointment.** Failure to do so will result in a \$25 fee for established patients, or a \$50 fee for new patients. Surgery cancellations require 7 days notice to avoid a \$100 fee. Multiple no-shows or last minute cancellations may also result in you being discharged from the practice. Please have the courtesy to call our office for all appointments that cannot be kept.

Non Payment: Please be aware balances are due upon receipt of your initial statement. Balances that remain unpaid after 60 days are subject to a 3% interest charge. Accounts that remain unpaid after 90 days from the date of service will be referred to a collection agency and no future appointments can be scheduled until the balance has been paid in full. Additionally, you may be discharged from the practice for non-payment.

Procedures: It is your responsibility to familiarize yourself with the benefits of your insurance plan. Prior to any procedure, we will assist you in estimating your portion of the bill. 50% of the estimated patient portion is due and collected at the time of service. Upon receipt of insurance payment, any unpaid portion will be billed to you, or a refund will be issued for any over payment. Full payment is expected when self-pay.

Out-of-Network Insurance: Please contact your insurance company to confirm your plan is in network with our office. If you are not insured by a plan we participate with, you will be considered self-pay and payment in full is expected at each visit.

HealthShare Members: *Patients participating in a HealthShare program will be considered self-pay and payment in full is expected at the time of service.* You are responsible for submitting your itemized receipt for reimbursement, we will not bill on your behalf.

Referrals/Authorizations: If your insurance company requires a referral, purchase order or a prior authorization, you are responsible for obtaining it from your primary care clinic or physician. Failure to obtain a referral or authorization may result in a reduced payment from your insurance company or no payment at all. You will be responsible for any unpaid balance on a claim.

FMLA Certifications: A \$25 fee will be charged and collected at the time of completion of all Family and Medical Leave Act paperwork. This fee is your responsibility, and is not reimbursable by insurance.

Prescriptions: Please allow 48 hours for all prescription refill requests.

I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE OFFICE PAYMENT POLICY. I UNDERSTAND THAT CHARGES NOT COVERED BY MY INSURANCE COMPANY, AS WELL AS APPLICABLE CO-PAYS, CO-INSURANCE AND DEDUCTIBLE AMOUNTS ARE MY RESPONSIBILITY, AND ARE DUE AT THE TIME OF SERVICE.

Printed Name _____ Date _____

Signature _____