

## Patient Financial Disclosure

Thank you for selecting the Associates in Obstetrics and Gynecology for your women’s health care needs! We present the following information to all of our patients, new and established. We want you to be aware of our updated financial policies. Please ask one of our team members if you have any questions regarding these policies.

- We will be happy to bill your insurance as a courtesy; however, all charges, regardless of insurance coverage are the patient’s responsibility. We do except payment for your portion at the time of service (Co-pays, co-insurance, deductibles). We ask that if your insurance has not paid within 45 days that you follow up with them. Our office currently contracts with the following insurance companies. Please be aware that other plans may be accepted. If you do not see your insurance plan listed below, call (248) 465-4340 for information.

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| <ul style="list-style-type: none"> <li>▪ Aetna</li> <li>▪ Alliance</li> <li>▪ BCN</li> <li>▪ Beaumont Employee Health</li> <li>▪ Blue Choice POS</li> <li>▪ BCBS Federal</li> </ul> | <ul style="list-style-type: none"> <li>▪ BCBS Traditional</li> <li>▪ Blue Preferred Plus</li> <li>▪ Blue Preferred PPO</li> <li>▪ Community Blue PPO</li> <li>▪ Cigna</li> <li>▪ Cofinity</li> </ul> | <ul style="list-style-type: none"> <li>▪ Great West Healthcare</li> <li>▪ HAP (HAP Cigna)</li> <li>▪ Health Plus</li> <li>▪ Humana</li> <li>▪ Medicare</li> <li>▪ PHCS</li> <li>▪ Priority Health</li> </ul> | <ul style="list-style-type: none"> <li>▪ Railroad Medicare</li> <li>▪ St. John Smart Health</li> <li>▪ Total Health SELECT</li> <li>▪ Tricare</li> <li>▪ United Healthcare</li> </ul> |
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- If you are seen for both wellness or an annual exam and an illness or separate problem is also addressed, proper coding will be used which may result in a charge for both services. Additionally, some medically indicated lab work may *not* be covered by all wellness policies. Your individual contract with your insurance carrier will determine how your insurance will pay. We make every effort to bill each visit with the proper diagnosis and procedure codes according to national coding guidelines. Please understand that we cannot make exceptions to our coding practices due to federal and state legal compliance concerns, and we are unable to bill for services other than those documented in your medical record.
- For obstetrical care, if you are self pay and do not have insurance we ask for a \$250 payment at the first visit, with a minimum of \$1200 paid toward your contract by the 30<sup>th</sup> week of pregnancy.
- For surgical care, we ask for one half of your estimated financial responsibility at the pre-operative appointment. We would ask that you pay the balance within 60 days following your surgery. If needed, we will arrange a payment plan for the balance.
- We routinely send our PAP and pathology tests to outside labs for processing therefore you will receive a separate bill from them. These providers may or may not participate with your health plan.
- If you find you need to use a payment plan, please ask to discuss arrangements with our business office.
- A \$30.00 service charge is applied to all returned checks.
- We accept VISA, MASTERCARD, & DISCOVER credit cards for your convenience.

I have read and understand the above information and agree to comply with these financial policies.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Patient Printed Name\_\_\_\_\_