Ob/Gyn
Associates of Holland P.C.

FINANCIAL POLICY

INSURANCE: We participate with most but not all insurance companies. You are expected to pay your co-pay at every visit. If you do not have insurance you may be required to pay in full, make payment arrangements with our billing department, or re-schedule your appointment. Filing insurance claims is a courtesy that we extend to our patients. All charges are your responsibility. Your insurance policy is a legal contract between you and your insurance company. We are not party to that contract. It is important to keep your billing information up-to-date. You must present a CURRENT copy of your insurance at each visit and communicate any changes in your personal information. If we have not received payment from your insurance company within 60 days of the date of service, we reserve the right to request payment in full.

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 on coverage by insurance companies. To request a diagnosis change solely for the purpose of securing reimbursement from an insurance company is inappropriate and is considered insurance fraud.

PRE-AUTHORIZATION/COST ESTIMATES/BENEFIT COVERAGE: Upon your request, our office will assist you to the best of our ability with pre-authorization requirements by your insurance company, cost estimates, and benefit coverage inquiries. We will relay this information to you as relayed to us by your insurance company.

NON-COVERED SERVICES/DEDUCTIBLES/CO-INSURANCES: Non-covered services are services that your insurance company has deemed as a service that they do not cover under any circumstance. You are responsible for the entire fee for a non-covered service. If we participate with your insurance company we will accept payment for covered services after you have paid any deductible or co-insurance required by your insurance company.

PAYMENT/NON-PAYMENT/FEES: We encourage you to contact our billing department as soon as possible to make payment arrangements. We accept cash, personal checks, Visa, MasterCard, American Express, and Discover. If your account becomes past due and is forwarded to an outside collection agency, your account will be assessed a 20% collection fee based on your remaining balance. There will be a $25 service charge for all returned checks.

REFUNDS: Patient/guarantor credits in amounts less than $10 may be retained on current patient accounts. The credit will be used toward future balances unless you specifically request a refund. Credits greater than $10 will automatically be refunded to the patient/guarantor when identified.

MEDICAL RECORDS/FMLA/DISABILITY FORMS: We charge an administrative fee for processing medical records, FMLA forms, and disability forms.

I have read and understand that I am financially responsible for all services provided to me and all costs of collection incurred by Ob/Gyn Associates of Holland PC. I agree to make payments at the time of service when applicable. I authorize the release of any medical information necessary to process my insurance claims. I understand that I am responsible for all amounts unpaid or not authorized by my insurance company.

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Signature of patient or patient's representative Date

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Patient's printed name Date of birth