

## PAYMENT AND COLLECTION POLICY

### **Strict Payment Policy**

It is the firm policy of this practice that payment must be made in full at the time of service. Cash, personal checks, Visa and MasterCard are accepted. If, for some reason, payment cannot be made at the time services are rendered, acceptable payment arrangements must be made prior to any services being provided.

### **Responsibility for Filing Claims**

In all cases, the patient is responsible for payment. This practice will file a claim with those insurance carriers that are contracted with this practice.

### **Obstetrical Patients' Payment Plans**

Our obstetrical payment plan covers the patient's estimated balance that is not covered by their insurance based on a pregnancy requiring routine obstetrical care. Patient payments are required to be made in monthly installments with the balance paid in full on or before the 28<sup>th</sup> week of pregnancy. A refund check will be issued to you if your insurance company pays more than what was estimated. This can only be determined at the end of your pregnancy when our claim for global care is submitted to your insurance plan and the claim is processed.

**Estimates given by your insurance company are not a guarantee of payment. Any difference between quoted amounts and amounts owed will be the responsibility of you the patient.**

An obstetrical payment plan will be set up after the first OB visit with the contract terms outlined for the patient. A \$125 deposit is required at the first OB visit and is applied to the balance of the patient's account. Uninsured obstetrical patients are required to have a financial plan in place with our accounts receivable department at their first OB visit, including a \$1000 deposit.

### **Surgical Patient Payment Plans**

Our surgical patient payment plan covers the patient's estimated balance that is not covered by their insurance based on a surgical procedure code determined by the physician. Patient payments are expected to cover at least 50% of the estimated surgical balance on or before the scheduled date of surgery. Patients will be set up for automatic payments through our office vendor. A refund check will be issued to you if your insurance company pays more than estimated. **Estimates given by your insurance company are not a guarantee of payment. Any difference between quoted amounts and amounts owed will be the responsibility of the patient.**

### **Elective Surgeries**

For elective surgery (e.g. tubal ligation), DEXA studies, I.U.D.'s, vaccinations, some injections and other services; this office will verify the patient's insurance benefit prior to the scheduled procedure. **Verification of benefits from your insurance carrier is not a guarantee of payment. The patient is responsible for payment in full on any balance not paid by her insurance.**

### **Maximum 30-Day Period for Unpaid Balances**

Any unpaid or remaining balance on the patient's account after the insurance has made payment must be paid within 30 days. If hardship or special circumstances prevent the patient from making scheduled payments, the patient must contact a collections coordinator with the office to make acceptable arrangements. All subsequent non-emergency services will be on a cash or credit basis only.

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**Unpaid Balance Exceeding 30 Days**

All instances of non-payment will be turned over to a collections agency. The resulting collection fees will be added to the patient’s account balance. Unpaid balances may lead to permanent dismissal from the practice.

**Prompt Pay Discount**

A 20% discount will be offered for any patient who wishes to pay off their account in full within two weeks after the insurance has made payment.

**Returned Check Fees**

There is a separate \$35 fee for all returned checks. The patient is responsible for payment of the check and this additional \$35 fee upon notification of the returned check. This payment must be made with cash, money order, or credit card.

**Changes of Insurance**

Should you have a change in your insurance coverage, it is the sole responsibility of the patient to notify us of these changes immediately. Any delays in us receiving your correct insurance information may result in higher out of pocket expenses, denied claims, etc. Should your insurance change to a payor that we are not contracted with, it is the patient’s responsibility to notify us immediately of this change. These notifications must take place whether the change is to your primary insurance coverage or secondary insurance coverage. Summit Obstetrics & Gynecology, PSC will provide emergency care only for thirty days from the date of notification. You may have your medical records transferred to the provider of your choice once you have completed the medical records release form.

We will require the patient’s signature of acknowledgement of this policy annually.

**Patient’s (or Guarantor’s) Initials:** \_\_\_\_\_

**Patient or Guarantor Printed Name Patient or Guarantor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Summit Obstetrics & Gynecology, PSC Representative:**  
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