



Financial Policy

Thank you for choosing The Women's Specialist of Fayette, L.L.C. as your healthcare provider. We are committed to provide the best Gynecology and Prenatal Care possible. The following statement explains our Financial Policy which we ask you to read, sign and return to us prior to your treatment.

Please initial:

____ Accurate and complete personal and insurance information has been provided prior to treatment with the doctor.

____ All applicable co pays, personal balances both current and prior are due at the time of service.

____ Patient balances accrued over 60 days will be subject to an *outside collection process. Please be advised; all costs incurred with this process will be patient responsibility.*

____ Late arrivals exceeding 20 minutes may be asked to reschedule or if the physicians time allows may be worked back into the schedule with possible delay in the appointment.

____ Our office requests 24 hours in advance for reschedules and cancellations.

____ A service fee of \$35.00 will be charged for checks returned as unpaid by your bank. Under this Circumstance; payment must be in form of cash or credit card.

It is important that you read and understand your insurance policy and its requirements for coverage. Please be sure that your provider participates and is contracted with your insurance plan. We file insurance claims for services rendered as a courtesy. Balances deemed "Patient Responsible" by your insurance plan are due immediately.

I have read and understand the financial policy for The Women's Specialist of Fayette, L.L.C.

Please Print Name

Signature

Date

Date of Birth: _____