

# CELEBRATION OBSTETRICS AND GYNECOLOGY

A MEDICAL PRACTICE DEDICATED TO WOMEN'S HEALTH

410 CELEBRATION PLACE, SUITE 208

CELEBRATION, FLORIDA 34747

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## PATIENT FINANCIAL POLICY

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following policy. If you have any questions, please discuss them with our billing staff or the office manager. We are dedicated to providing the best possible care and policies as an essential element of your care and treatment.

- Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you if you assign the benefits to the doctor, in other words you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable period, we will have to look to you for payment. If we later receive a check from your insurer we will refund any overpayment to you.
- We will file primary insurance only. We will not file any secondary insurance; we will give you all the necessary paperwork to file your claims.
- We have made prior arrangements with many insurers and other health plans to accept an assignment of benefits. We will bill those plans with whom we have an agreement and will only require you to pay the co-payment at the time of service.
- Unless other arrangements have been made in advance by either yourself or your health coverage carrier, full payment for office services are due at the time of service. For your convenience we will accept personal checks, VISA, and MasterCard. There is a \$25.00 return check charge.
- All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered"; you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
- Interest will be charged at a rate of 5% per month after the first 30 days.
- For all services provided in the hospital, we will bill your health plan. Any balance due is your responsibility and we will bill you for these balances.
- For all services rendered to minor patients, we will look to the adult accompanying the patient for payment.
- In order to provide the best possible service and availability to all our patients, please call us as early as possible if you know you will need to reschedule your appointment.
- A No Show Fee of \$25 will apply to your account if no notice is given within 24hrs of your appointment.

***I have read and understand the financial policy of the practice and agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.***

\_\_\_\_\_  
Signature of Patient or Responsible Party if a minor

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

\_\_\_\_\_  
Please Print Name