

Namrata Choudhary, M.D., F.A.C.O.G.
Laurie Niergarth, C.N.M.

Obstetrician & Gynecologist

OFFICE POLICIES AND PATIENT RESPONSIBILITIES

Patients with insurance coverage: As a courtesy, a claim is filled with your insurance company using information you provide us. Therefore, you must provide accurate information; **a fee is charged for resubmitting a claim when incorrect information is provided.** Insurance has limitations, restrictions and partial coverage for more services. Without exceptions, payment is required at the time of service for patient portion- deductible, coinsurance, and co-pay amounts. Please note that we can only estimate the patient portion- it is not the exact amount you owe. The exact patient portion will be known only after the claim is processed.

Patients without insurance coverage: Full payment is required without any exceptions.

Payment methods: Credit/Debit: Visa or Mastercard, Cash or Check. **Returned checks due to insufficient funds will be charged is \$40.00.**

Finance Charges: After a medical claim is processed by insurance, a statement is mailed to the address on record for the remaining balance. Payment is expected within 30 days of the statement date to avoid a late fee or collections.

Missed appointments (24 hour noticed needed): To reschedule or cancel an appointment, our office must be notified twenty for (24) hours in advance. Ultrasound appointments must be called forty-eight (48) hours in advance. Failure to comply will result in a \$50.00 no show fee for appointments and \$70.00 for ultrasound appointments.

Termination of treatment: Our office reserves the right to cancel future appointments and terminate professional relationship for any of these reasons:

- 1) When scheduled appointments are not kept.
- 2) When patients arrives late or scheduled appointments causing inconvenience to other patients.
- 3) Uncollected debt owed (past due account) to this office.

Financial Responsibility: By signing this document, I understand and agree to the following:

- 1) I am responsible for payment of all charges for services rendered, regardless of insurance coverage.
- 2) Unpaid balance of more than 30 days after services is subject to a late fee.
- 3) Unpaid balance of more than 60 days is sent to an attorney or collections and I agree to pay for the attorney's fees, court costs, and fees associated with the collection efforts.

Consent & Authorization: By my signature below, I authorize treatment and understand the following:

To the best of my knowledge the above information is accurate, and will not hold Women First OB/GYN P.C. responsible for any errors or omissions made while completing this form.

Patient or legal guardian:

Print Name: _____ Date: _____

Patient Signature: _____