



Financial Policy

Patient Name: _____

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible medical care, and we will be pleased to discuss our personal fees with you. Your clear understanding of our Financial Policy is important to our professional relationship. All patients must review and sign this form before seeing the doctor for the first time. Please ask if you have any questions about fees, our Financial Policy or your responsibility.

Our practice is In-Network with most major insurance companies. (BCBS, Cigna, United health, Multiplan, Aetna, Tricare, and Medicare) All patients must complete our patient registration form and give us the necessary information before seeing a provider. **You are responsible for any portion of your bill that your insurance carrier denies or does not cover.** If your deductible is not met, we will require payment in full at time of service. If your deductible has been met, any co-payment will be collected at the time of service. We accept personal checks, Mastercard, Visa and Debit cards.

If your insurance has not paid your account in full within 45 days, the balance will become your responsibility. If we do not receive your payment in full within 90 days from the date of the first statement, your account may be turned over to a third-party collection agency. *Your Insurance coverage is a contract between you and your insurance carrier;* however, we are available to assist you in maximizing your insurance benefits.

Please be aware that few insurance companies attempt to cover all medical costs. Some pay fixed allowances for each procedure while others pay only a percentage of the cost. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

If your carrier requires a pre-authorization prior to certain procedures, our office will assist in obtaining it prior to your treatment. Preauthorization is not a guarantee of payment.

Patients without insurance

Patients being seen for a medical reason who do not have health insurance will be expected to pay for their first consultation in full at the time of service. If further testing or procedures are necessary, each case will be addressed individually at the time to work out a payment plan.

Charges may also be made for no-show appointments and appointments canceled without 24 hours' advance notice. No-shows and repeated cancellations may limit your ability to make future appointments.

If you have any questions concerning our Financial Policy; or if this creates an undue hardship, please contact our practice immediately to discuss special arrangements. You may reach our Office Manager through our main number (907-339-0363)

- By signing below, I verify that I have read and understand this Financial Policy:
- I understand that I am ultimately responsible for my balance, not my insurance carrier.
- I authorize Modern Gynecology to release pertinent information to my insurance company when requested in order to facilitate payment.
- I understand that my signature authorizes benefits to be paid directly to Modern Gynecology.
- I understand that should this debt became delinquent by 90 days after the first statement is sent out, the balance may be referred to a collection agency. I will be held responsible for all fees associated with the collection of my debt

Signature of patient or responsible party

Date