

FINANCIAL and OFFICE POLICIES

Thank you for choosing us as your healthcare provider. We are committed to providing you with the very best care and treatment possible. All our physicians are specialty trained in Obstetrics and Gynecology to provide the most contemporary treatment in female health. As we strive to provide quality health care, we recognize the benefits of insurance plans and the billing and collection of patient accounts can be confusing. The following is a statement of our Financial Policy which we hope will help you understand the financial practice of medicine today. Please read and sign this prior to treatment.

REGISTRATION FORM

We require complete, accurate and up-to-date information on your registration form in order to bill your insurance company. We will ask you to review and update this form at every visit or when changes occur (address, insurance coverage, phone number, etc.). If we do not have current phone numbers we will not be able to contact you in the event of any schedule changes. Thank you in advance for your cooperation and patience.

PHOTO IDENTIFICATION AND INSURANCE CARDS

You will be asked to show the receptionist your current insurance card at each visit. We also need to copy your photo ID on your first visit. Please come prepared.

INSURANCE

The physicians of Tulsa OB-GYN Associates, Inc. participate in several PPO, HMO and MANAGED CARE plans. Please present your insurance card at all visits to the office. We will submit all claims to your primary carrier, as a courtesy, we will file your secondary insurance if applicable. If you have any questions about a particular insurance carrier, please contact our Business Office.

SURGERY

Surgery usually involves a larger fee than office procedures. Prior to any surgery, we will provide you with a *Financial Estimate* of your responsibility. Therefore, a down payment may be required prior to surgery. Insurance payments are to be assigned to us. In the event of overpayment, a refund check in the amount of the credit will be sent to you. Please remember that all Financial Estimates are solely based on information provided to us from your insurance plan. Therefore, it is NOT a guarantee of payment from them.

OBSTETRICAL

Our obstetrical global fee covers costs for routine obstetric care. This includes prenatal care, delivery and postpartum care. This does not include laboratory, ultrasounds or additional services outside the routine obstetric care. These services will have separate fees. We will review your insurance benefits with you and can establish a payment plan if necessary.

LABORATORY

Depending on your insurance carrier, Tulsa OB-GYN Associates, Inc. may bill you for lab work ordered by your physician. Otherwise, you will be billed by the laboratory providing the service.

FEES

Our fees for professional services are consistent with those in the community. An estimate for proposed services may be obtained upon request. We suggest you contact your insurance company prior to services being rendered to clarify your potential financial responsibility.

Health plan coverage varies significantly by carrier, by employer, and/or by contract. We cannot know the benefits and exclusions of each patient's health plan. It is the patient's responsibility to know and understand her plan coverage and benefits.

RETURNED CHECKS

A fee of \$25.00 for checks returned to us for insufficient funds will be charged to your account. Future services may require payment by cash, money order or credit card for your payment obligations.

STATEMENTS

You will receive a statement from our Billing Office once a month if there is an outstanding balance. The billing statement will itemize services as well as any payments, deductibles, or co-insurance amounts applied by your carrier. Payment is due within 15 days of receiving the statement. If you do not understand your statement or have questions regarding your balance, please feel free to contact our Billing Office for clarification. If you cannot meet your financial obligation, please contact our Billing Office. Every effort will be made to work out an acceptable payment plan. You will continue to receive a statement until all of your charges and all dates of service are paid in full.

PAYMENTS

All co-pays, deductibles and co-insurance are due and collected at the time of service. We accept CASH, CHECK, VISA, MASTERCARD, DISCOVER and AMERICAN EXPRESS.

I ACCEPT THE OFFICE POLICIES OF TULSA OB-GYN ASSOCIATES, INC.

Signature of Patient or Responsible Party

Date

AUTHORIZATION TO RELEASE INFORMATION

I authorize the release of medical information necessary to process insurance.

Signature

Date

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN

I authorize payment of medical and surgical benefits to TULSA OB-GYN ASSOCIATES, INC. for services rendered. I understand I am financially responsible to the physician for charges not covered by insurance.

Signature

Date