



Hillsboro Women's Clinic
Financial Policy Acknowledgement

To avoid misunderstanding regarding compensation for services rendered by our office, please review our financial policies as set forth below:

A health insurance policy is a contract between a patient, the patient's employer, and the insurance carrier. It is the patient's responsibility to verify services, providers, and facilities eligible for coverage. We bill primary and secondary insurance as a courtesy to you.

1. We require your social security number, insurance card, and complete demographic Information, for accurate submission of insurance claims and to protect you from insurance fraud.
2. You must notify the office of any insurance changes (loss of coverage, change in carrier, status, and name changes).
3. We have contractual relationships as a "preferred provider" with many carriers and are bound by our contracts to collect co-pays and co-insurances. We are obligated to notify your carrier if you neglect to pay "patient responsibility charges." Failure to abide by your contract with your plan may result in immediate loss of health coverage.
4. Subject to a \$25 fee:
 - Insurance claims requiring re-submission due to inaccurate/incomplete information provided by the patient.
 - No show appointments. A 24-hour cancellation policy is in effect.
 - Returned checks for insufficient funds.
 - Copies of medical records. 1-20 pages \$25.00, 21 or more pages \$50.00
 - Completion of forms for short-term disability, legal cases, life insurance coverage etc.
5. We will make every attempt to assist you in successfully fulfilling your financial obligation to us. **All bills are due upon receipt.** Past due accounts will be subject to a \$25 re-bill fee. Delinquent accounts past 60 days will be transferred to a credit reporting collection service. Once in collections, a \$50 fee is assessed in addition to any outstanding balance.

I have read this financial policy and understand that I am responsible for medical services rendered regardless of insurance coverage. If it becomes necessary to employ a credit-reporting collection service on amounts owed on this or subsequent visits, I am responsible for all costs and expenses, including reasonable attorney's fees. I hereby authorize you to release information necessary to secure payment and to have all insurance payments directly remitted to Hillsboro Women's Clinic.

Signature of patient or parent/legal guardian

Date

9/10/2008