



THE WOMEN'S HEALTHCARE GROUP
1693 South Queen Street, York, Pennsylvania 17403
717/845-1621 Fax 717/718-9247
www.thewhcg.com

FINANCIAL POLICY

The Women's Healthcare Group is dedicated to providing the best possible care for our patients, and the charges for our services are reasonable and customary for our geographical area. You are responsible for payment regardless of your insurance company's payment schedule of usual and customary rates. Not all services are a covered benefit in all insurance contracts. It is your responsibility to be aware of any non-covered services. Medically necessary services provided by our Practice which are determined to be non-covered by your insurance company will immediately become your responsibility for payment.

METHOD OF PAYMENT: Full payment is expected at the time of service, accept as outlined below. We accept cash, checks, Visa, MasterCard, and Discover. *Please note:* Any balances unpaid after 60 days may be subject to a \$5.00 fee per billing statement sent. A \$20.00 service charge will be assessed for returned checks. Should your balance be transferred to our collection agency, we will require your payment in full before scheduling any routine appointments in our office.

ANNUAL EXAMS: Please be aware of your insurance company's provision for annual routine exams, specifically if one calendar year is required between exams for payment. Payment will be your responsibility if you have an annual exam prior to one year from the date of your last annual exam. *Please be aware that if you require additional treatment for medical issues not related to your annual exam, which you want to have evaluated at the time of your annual exam, there will be an additional charge for those services. If the medical treatment is complicated, a follow up appointment may be necessary.*

INSURANCE PARTICIPATION: It is your responsibility to seek services from a provider who participates with your insurance company. We accept most major insurances. For a list of insurances that we accept, please refer to our website at www.thewhcg.com, or contact our office.

If your insurance company requires the use of referral forms and authorization numbers, it is your responsibility to obtain the referrals or authorizations prior to services being rendered. If insurance reimbursement is denied due to your not presenting a required referral form at the time of your office visit, we will bill you directly for our services.

IF WE PARTICIPATE WITH YOUR INSURANCE: All copays, when applicable, are due at the time of service (this is required by your insurance). We will file an insurance claim for all outstanding charges on your account. Once a balance becomes your responsibility, you are required to pay.

IF WE DO NOT PARTICIPATE WITH YOUR INSURANCE: You will be responsible for the entire fee at the time the services are rendered. Those patients paying in full at the time of service will receive a significant discount off the regular fee. If requested, we will give you the necessary information so you can submit the claim to your insurance company.

UNINSURED PATIENTS: Patients without insurance will be responsible for payment of the entire fee at the time of service. Those patients paying in full at the time of service will receive a significant discount off the regular fee.

MEDICARE PATIENTS: Medicare pays for a Breast Examination, Pap Smear and Pelvic Examination every two years. If you are high risk for cervical or vaginal cancer, Medicare will pay for the Pap Smear and Pelvic Examination every year. **Medicare does not pay for the office visit portion of the exam.**

AFTER HOURS RX REFILLS: Please note that there is a \$10.00 charge for all prescription refill phone calls taken after office hours.

We must emphasize that your insurance policy is a contract between you and your insurance company. The Women's Healthcare Group is not a party to that contract. Our relationship is with you, not your insurance company. Thank you again for selecting The Women's Healthcare Group as your health care provider.

Patient signature: _____ Date: _____

By signing this, you agree that you understand the policies set forth and agree to be bound by them.

Revised 3/2009