

Blue Skies Center for Women

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OFFICE POLICIES AND PATIENT AGREEMENT

Scheduling

APPOINTMENTS-Should you arrive more than 15 minutes late to your appointment, it is our policy to **reschedule the appointment.**

- To cancel or reschedule an appointment a 24 hour notice must be given or you may be charged \$50.00
- In accordance with office policies, failure to cancel or reschedule any appointments may result in termination from the practice

Payment and Insurance

SELF-PAY-We require the balance to be paid in full at the time of the visit

- We must receive payment in full before any office, inpatient or outpatient surgical procedure is performed

MEDICARE/MEDICAID: Before services can be provided, you **MUST**:

- Have a **CURRENT** Medicare/Medicaid card
- Have a referral/authorization from your primary care doctor for the specific reason the appointment has been made
- A copy of your medical records
- If you fail to present any of the above, **your appointment may be rescheduled.**

COMMERCIAL INSURANCE: Our office participates with many commercial insurance companies including HMO/PPO insurances.

- Patients **MUST** have a current insurance card at the time of service or **your appointment may be rescheduled**
- It is the patient's responsibility to make sure that our providers are participants in your network and are contracted with your insurance
- If a referral or authorization is required by your insurance carrier, it is your responsibility to obtain the referral or prior authorization **BEFORE** your appointment. If a referral is not in place, **you will be responsible for payment or you may be rescheduled**
- **Co-payments are due at the time of service**
- **Services not covered or deemed not medically necessary by your plan will be billed to you**

BILLING-Our office will file all claims to your primary and supplemental insurance. The patient is responsible for:

- Having a current copy of your card(s) at the time of the first visit or change of insurance
- Providing all necessary and correct insurance information
- If you do not supply all of the necessary information, **you must pay for the services provided or reschedule your appointment.**
- If you have insurance, we will allow 45 days for the carrier to process your claim. If they have not responded in that amount of time, you must make payments on your account until you have resolved the problem with your insurance company
- A \$25.00 charge will be assessed for returned checks
- A \$15.00 charge will be assessed for submitting accounts to our outside collection agency for non-payment
- A well-woman preventative exam includes a medical history, physical exam and testing to screen for asymptomatic diseases and medication renewal. As per coding guidelines, an additional service may be billed if an additional medical problem is addressed or if significant additional time is spent in counseling at the time of your annual exam. This may result in the patient being responsible for part of the cost depending on how your insurance company allocates the payment.
- **Diagnosis codes will not be changed after a claim has been filed with your insurance carrier**

Medical Records

- Should you require copies of your medical records, you must sign a release form and furnish us with the name and address of the doctor and/or facility where the copies need to be sent. There is a \$15 minimum charge if you are requesting copies for yourself or if we have to retrieve your records from our storage facility. **Please allow two weeks for copies to be available.**

Prenatal Care:

- As of March 1, 2000 our doctors will deliver only at Memorial Hospital Central.
- We highly recommend that you contact your insurance company in regard to your benefits for prenatal care and delivery. Many insurance companies allow only one ultrasound per pregnancy, so if there are **ADDITIONAL** medically necessary ultrasounds you may be responsible for the payment. Co-insurance and the remaining global OB fee must be paid in full by your 7th month of pregnancy
- Co-payments are due at the time of service.
- If you are paying cash for your prenatal care and delivery, \$200.00 is due at your first obstetrical visit. The remaining balance is due in full by your 7th month of pregnancy

Patient Signature _____

Date _____