



ATLAS OB-GYN FINANCIAL POLICY

We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your relationship as our patient. We file insurance claims as a courtesy to our patients. The guidelines below help you assist us with this process.

- All patients must complete and sign our **FINANCIAL POLICY** before care is rendered.
- It is every patient's responsibility to understand their insurance policy and benefits.
- **PAYMENT IS DUE AT THE TIME OF SERVICE.**
- **If we cannot confirm your eligibility for insurance coverage at the time of service payment is due at time in full once services have been rendered.**
- Each patient must bring their insurance information to every appointment to ensure correct processing of all insurance claims.
- Each patient is required to present their Photo ID or driver's license at the time of service.
- If you are a **MEDICARE** patient, under federal law you are mandated to pay your deductible and 20% co-payment, and may need to sign forms for your labs.
- There is a \$35 fee for all returned checks.
- If you do not come to your scheduled appointment without informing our office or do not cancel within 24 hours of your appointment time, you will be charged a \$25.00 fee for office visit appointments, and \$35.00 for ultrasound appointments. This fee must be paid before a new appointment can be scheduled. Patients with three missed appointments without a valid reason and without informing our office will be asked to transfer their records to another doctor and discontinue care with our office.
- If correspondence from your insurance company to you is **NOT** received within 45 days of claim submission, you are responsible for charges for our services. If your insurance company needs any additional information, it is your responsibility to provide it to them and update your address with your insurance provider.

Surgery/Procedure:

If surgery or a procedure is recommended, our office will answer specific questions about the surgery/procedure scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if your insurance company requires it.

Our billing department may request a pre-surgical deposit; if applicable, the amount of which depends on your coverage and deductible amount. A cost estimate which shows your financial responsibility, based on the benefit levels and coverage of your insurance plan, may be provided and explained to you by our billing department or your Insurance Company.

