

Women's Wellness Clinic is committed to providing our patients with the best medical care. Our financial policy has been established with these objectives in mind and to avoid any misunderstanding or disagreement concerning payment for professional services.

### **Payments are due at Time of Service at Check In**

- Your copays, coinsurance, deductibles, and any outstanding balances are due at the time of service in check in. You have 2 options to pay for your deductible. 1 option is to place a Credit Card on File and the other option is to pay a down payment of \$150 which is an estimated cost of the visit. Failure to pay your responsibility may result with your appointment being rescheduled. Please see more information about Credit Card on File feature below.
- We can only file your insurance claim if we have the complete information required by your plan. **If you cannot provide our staff with sufficient insurance information at the time of the visit, we will consider the entire bill to be the patient's responsibility and full payment will be due at the time of service.**

### **Patients with Insurance**

- Our office participates with numerous insurance companies and managed health care plans. For patients that are members of one of these plans, our office will submit a claim for services rendered. Please contact your insurance company prior to your visit to determine if we participate with your plan or what your benefits are by logging into your insurance portal or calling the insurance company number on the back of your card. If your plan does not pay for services, you will be responsible for payment.
- If your Insurance Policy shows that it is in the "federally mandated grace period", we consider this as having no insurance and you will be considered self-pay for all services until you are no longer showing in the "federally mandated grace period" on your insurance website.
- All patients are required to complete the Patient Registration form annually and provide a copy of ALL insurance card(s); including those you have purchased or are provided by your employer, your spouse, or if under age 26, provided by your parents. ALL insurance policies MUST be disclosed.

### **Credit Card on File**

- The Credit Card on File feature is through Elavon. This service allows you to store your credit card on file and pre-authorize transactions automatically. The practice will use Card-on-File to collect any balances after the patient's insurance company has processed the claim. The stored credit card can be used to pay co-pays, outstanding balances, coinsurance and deductibles at future visits. The patient will receive an email notification 5 (five) days prior to the payment being processed along with our phone number if you have any questions.

### **Care Credit**

- Please visit the CareCredit website at [www.carecredit.com](http://www.carecredit.com) for more information on their financial requirements.

### **Patients without Insurance**

- Patients that do not have insurance are expected to pay for professional services at the time of service.
  - We offer a 30% discount for self-pay patients with the exception to vaccines. Vaccines are charged at 100%.
- If a patient feels that they may require financial assistance, the Affordable Care Act provides insurance options for uninsured patients. For more information visit: [www.healthcare.gov](http://www.healthcare.gov). You may also contact your local Department of Social Services to see if you qualify for DSS assistance with your health care.

### **Minor Patients**

- Minors, under the age of 18, are required to have a parent or legal guardian present at the appointment to provide consent for treatment unless the treatment/care falls under the North Carolina Law statute 90-21.5.

### **FMLA Forms, No Show & NSF Fees or Charges**

- New or Renewal of FMLA requires a clinic visit.
- Completing FMLA Forms - 1st request is \$25.00.
- Completing FMLA Forms - Each Additional Request is \$10.00.
- **Missed appointments represent a cost to us and to other patients who could have been accommodated. Appointments missed or not cancelled within 24 hours before the appointment time will result in a \$75 fee. No show/cancellation fees are not covered by insurance and are your responsibility. This fee will need to be paid in full before you are permitted to schedule another appointment. Three (3) no shows/late cancellations within a one (1) year time span are considered excessive and will result in being dismissed from the practice.**
- **A deposit of \$100 is required for all new patients. If the new patient cancels, reschedules with less than 24hrs notice or no-shows, the deposit is non-refundable.**
  - When you, the new patient, arrive at your scheduled appointment, the deposit will go towards your copayment or deductible.
- Returned checks will have a \$35 service charge.

### **Collection Policy**

- If a balance remains after insurance has processed the claim(s), up to three (3) statements will be sent to the patient. If the patient fails to make regular interval payments, (at least monthly payments) or pay the balance in full, you will be sent to an outside collection agency and may result in being dismissed from the practice.

\_\_\_\_\_  
Print Name\_\_\_\_\_  
Patient or Responsible Party Signature\_\_\_\_\_  
Date