

CONTINENTAL DIVIDE OB/GYN, P.L.L.C.

Financial Agreement

Thank you for choosing us as your health care provider. Our practice takes pride in providing the best medical treatment to our patients. We feel that by choosing our office, you are making a financial commitment to pay for our services. The following is our financial policy, which we require you to read and sign prior to treatment.

All accounts must be paid in full within 6 months from the date of service, unless prior arrangements have been made. All accounts not paid in full within 6 months will have a \$5.00 finance charge applied every month after.

All insurance patients are required to pay a \$25.00 co-pay at the time of service, and all private pay patients are required to pay a \$200.00 co-pay at the time of service. If this balance cannot be paid at the time of service, your appointment will have to be rescheduled. If your account results in a credit, you will be reimbursed appropriately.

_____ I agree to pay my balance in full within 6 months of the date of service. Thus, I will pay 17%
Initials of my balance each month for 6 months.

Balances that are not collected within six months of service will be turned to a billing agency. Balances that have had no payments for three months will be turned to a collection agency. If you default on my payment of my account and collection agency services are required, all costs of collections including attorney fee will be added to the balance of my account. You will also be on a CASH ONLY basis for further treatment. Patients turned to collections will not receive services from Continental Divide OB/GYN without paying the collection balance in full and 50% of the appointment being scheduled.

If a nonsufficient funds check is returned to us, your account will be charged a \$25.00 service fee for each check.

If you provide us with accurate insurance information, we will file your primary and secondary insurance claims. However, responsibility for payment falls to you, regardless of insurance. If your insurance fails to pay on claims submitted 90 days previous, the balance will be transferred to a patient balance. If insurance pays after 90 days, your account will be credited appropriately.

If you are pregnant, you are encouraged to make \$50-\$100 per month payments during your pregnancy. Services for pregnancy other than ultrasounds, labs, and complications will be billed out at the time of delivery due to correct coding guidelines. (Antepartum care, delivery services, and postpartum care are considered to be a global service and cannot be itemized unless a patient switches providers or insurances during pregnancy.) Monthly payments will greatly decrease the amount of your balance at time of delivery. If you have overpaid you balance at time of delivery, you will be immediately reimbursed. **Medicaid fails to reimburse for circumcisions, thus a \$250 payment must be paid prior to your son having this procedure.**

If you do not have insurance and need obstetrical care or gynecologic surgery, 50% of your fees must be paid in advance of your due date or surgery scheduling.

Signature

Date