About Women OB/GYN
Patient Registration & Financial Policies

Name _____ SSN _____
Last First MI

Date of Birth _____ Home Phone _____

Cell Phone _____ Email Address _____

Home Address _____
Street Address Apt No.

_____
City State Zip Code

Employer/ School _____ □ Full-time □ Part-time

Employer Address _____

_____
City State Zip Code

Work Number: _____ Whom may we thank for referring you today? _____

_____
Pharmacy Name & Location Pharmacy Phone Primary Care Physician PCP Phone

Emergency Contact

_____
Name Relationship

_____
Home Phone Work Phone Cell Phone

Insurance Information

_____ Primary Insurance	_____ Secondary Insurance
_____ ID Number	_____ ID Number
_____ Group Number	_____ Group Number
_____ Subscriber's Name/Relationship	_____ Subscriber's Name/Relationship
_____ Subscriber's Social Security Number	_____ Subscriber's Social Security Number
_____ Subscriber's Date of Birth	_____ Subscriber's Date of Birth
_____ Subscriber's Employer	_____ Subscriber's Employer
_____ Subscribers address if different than your own	_____ Subscribers address if different than your own

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Financial Policies

This is an agreement between About Women OB/GYN and the responsible party:

Late Policy: All efforts are made to keep our physicians schedules on time; therefore, if you are more than 15 minutes late, every effort will be made to fit you into the schedule with a physician in the office; however, there is no guarantee that you will be seen immediately or by the originally scheduled physician. If the all the physicians' schedules are full you will be asked to reschedule your appointment.

Missed/Cancelled Appointments, Procedures or Surgeries: All efforts are made to accommodate our patients request for appointment, procedure or surgery dates/times; therefore, it is important that you make every effort to keep your scheduled appointments. Cancellations of less than 24 hours or missed office appointments will be subject to a fee up to $75.00. Cancellations of less than 7 days of procedures or surgeries are subject to a fee up to $250.00. Abusive missed appointments may result in dismissal from the practice.

Fee for completion of forms, reports, and letters: This is a non-insurance covered service; therefore, a fee may be charged for the completion of forms or the writing of letters. The physician or mid-wife will determine the fee based on the complexity of the form and time required in its preparation and range from $15.00 - $100.00. All fees are due at the time the form is delivered.

Transferring of Records: All adult patients must sign a record release form if copies of your records are to be sent to another doctor or organization. A medical records copy fee may be assessed for all non-physician request and is due at the time the records are delivered.

After Hours Coverage: We provide 24-7 coverage. After hours, the physician is paged by calling the main office number. For all life-threatening emergencies immediately call 911. For all non-emergent, routine questions including prescription refills, kindly call during normal business hours of Monday – Friday 8am – 5pm. Our nurse triage line is available Monday – Friday 8am – 2pm. All non-emergent calls received after 5pm will be accessed a fee up to $75.00. This is a non-insurance covered service.

Prescription Refills: Refills at all times other than at your visit, lost prescriptions, lost requests for sonograms or mammogram studies will be honored as appropriate after consultation with the medical staff. The fee for this non-covered service ranges up to $25.00 per event and the fees may change without notice.

Mammography: Mammography orders are given at the time of your annual exam.

Payment options if you do not have proof of insurance or have no insurance: You are responsible for payment by cash, check or credit card on the day of service. On bills with extensive procedures and by approval of our billing department, you may pay 50% on the date of service and the balance in three weeks.

Payment options if you have insurance: 1 - If we are participating provider with your insurance carrier, you will pay the co-pay and/or deductible at the time of service and failure to do so will result in an additional $5.00 service charge. You authorize About Women OB/GYN to apply for benefits on your behalf for services rendered by About Women OB/GYN. You authorize payment to be made directly to About Women OB/GYN. You authorize the release of any necessary information including medical records for this or any related claim from the billing agent for About Women OB/GYN to the named insurance company(s) as deemed necessary or as requested by the insurance without notice. I also permit a copy of this release to be used in place of the original. I also realize that insurance is not a form of payment and all charges are my responsibility, with payment due in full in 90 days. I also understand that any changes in insurance information are to be reported by me within 10 working days from the new effective date and failure to do so releases About Women OB/GYN and/or their agents from our billing agreement and payment becomes due at the date of service. 2-If we are not participating providers with your insurance carrier, you are responsible for 100% of the charges. We will file your claim for you and you will be reimbursed directly by your insurance carrier. 3-We are Medicare participating providers. Patient pay nothing at the time of service but are responsible for the annual deductible and any portion of the allowable charges that Medicare doesn't pay.

Monthly Statement: If you have a balance on your account exceeding $10.00, we will send you a monthly statement showing charges to the account: Unless other arrangements are approved in advance and in writing, the balance, the finance charges if any, payments and/or credits applied and the date the balance is due.

Payments: Unless other arrangements are approved by the billing department in writing, the balance on your statement is due on the due date posted on your statement. If you account becomes past due, About Women OB/GYN will take all necessary steps to collect this dept. If we have to refer your account to a collection agency or lawyer, you agree to pay all collection, lawyer and court fees that are incurred.

Returned Checks: There is a $50 fee for any checks returned by the bank..

Finance Charge: A finance charge will be imposed on each service on your account that has not been paid in full within one billing cycle from the time the service was determined to be patient's responsibility. The finance charge will be computed at a rate of 1.5% per month or an annual percentage of 18%. The finance charge on your account is calculated by taking the balance owed as of the last billing cycle, and then subtracting any payments or credits applied to the account during that time. The minimum service charge is $1.50.

HIPAA Notice of Privacy Practice: By signing below you acknowledge receipt of About Women OB/GYN's HIPAA Notice of Privacy Practice.

I certify that the information reported herein is correct,

Patient's Name	Signature
Responsible Party's name (if different than the patient)	Date