

Financial Policies and Procedures

Thank you for choosing *Center for Women's Health*, an Axia Women's Health Care Center, for your care. In the last few years we have noticed an increase in the number of patients with insurance coverage which includes a substantial deductible or large uncovered portion in their benefit plan. We recognize that in the recent economic climate, many patients have also lost insurance through their employer. We hope the information below will provide a clear understanding of our policies and your options in these situations. In doing so, we can then focus on your clinical care. Our administrative staff is available for any other specific questions regarding insurance and financial matters.

Insurance Plan Participation

We participate in a variety of insurance plans and our group considers new options regularly. Our staff will verify your insurance plan coverage, provided we participate with your plan. Please have your insurance card available so you can provide the most current information to our staff when making your appointment. This will ensure that your claims are submitted to the correct insurance plan.

Documentation of Insurance

We ask all our patients to complete our patient information forms prior to their appointment. Our staff will provide instructions for completing the forms. On the date of your appointment, we will need your current insurance card for proof of coverage benefits. Please also bring a valid driver's license or other valid photo identification.

Processing Your Insurance Claims

We will submit your claims to the insurance plan you have provided at the time of your visit. If your insurance changes during the course of your care, it is your responsibility to provide us with the correct information. If we do not receive the correct information in a timely manner you may be responsible for the entire balance of your insurance claim. In processing your claims, the insurance company may need you to supply certain information before they will pay the claim. It is your responsibility to comply with their request.

Services Not Covered by Your Insurance Plan

Please understand your insurance coverage is a contract between you and the insurance company. Any disagreements or disputes regarding your specific benefits should be directed to the insurance plan or your employer's Human Resource Department.

Plan Co-payments, Deductibles and Health Savings Accounts

- Plan Co-payments – It is our policy to collect all plan co-payments at the time of your visit. Certain types of exams or testing may not require a copayment. We cannot always determine this for every insurance plan. If we collected a co-payment in error, the amount will be refunded to you after we have received notification from your insurance plan.
- Health Savings Accounts, Deductibles or Co-insurance Patient Responsibility – You will receive a statement for any portion of our services that is your responsibility after the claim has been processed by your insurance company. We will make

every effort to verify your benefits for certain procedures such as surgical procedures or special testing. We may provide you with the estimated amount and a written agreement.

Many patients are being told by their insurance carriers that health care providers are not permitted to collect any balance amount in advance or at the time of service. This is not always correct. If permitted by the insurance plan, and we know the contracted payment amount we will receive and what percentage of that amount you will be responsible for, then we can advise you of the balance and prepare a payment plan.

- If our contracted payment amount changes or your benefits changed and we collect more than the amount due, the excess amount will be refunded to you.
- If you have any balances on other services we have provided, the excess amount will be applied to those services before any refunds are issued.
- If we collected less than the amount due, you will be billed for any balance due upon receipt of payment from the insurance plan.

Obstetrical Care (if applicable)

We make every attempt to verify your benefits for maternity. Maternity benefits include your routine prenatal visits, the delivery, and your 6 week post-partum visit. This is known as global care. Any services such as ultrasounds, lab tests, or other testing done at our office, at the hospital or by other specialists may not be covered, or only a portion may be covered by your plan. We will contact you or review this information at a scheduled visit. Based on your specific financial responsibility, a payment agreement may be provided for you to review and sign. We can provide the payment plan to you so you can better manage the estimated cost during pregnancy.

In the unfortunate situation that your insurance is terminated any time during your pregnancy, please notify our office immediately.

Collection Policy for Non-Payment of Services

Failure to pay any outstanding balance may result in your account being forwarded to a collection agency. Please contact Axia Women's Health's Central Billing Office at (610) 482-4795.

Questions About Your Account

We are available to assist you with a billing, referral, or insurance question. Please call our main number during regular business offices.

If you receive a statement from a Lab such as Quest or LabCorp, or any bill from the hospital, please contact the customer service number on the statement.