



South Carolina OB-GYN Associates, P.A.
 1333 Taylor Street, Suite 2-D | Columbia, SC 29201
 (803) 254.1300 or 799.BABY

PATIENT FINANCIAL POLICY (Jan10_Web_Fin_Policy)

We are dedicated to providing you with the best possible care and service, and believe understanding our financial policies is an essential element of your care and treatment. Annually, all patients must complete and update our “*Information and Insurance Form*” If you are a “**no insurance**” patient, you **must** contact our Insurance Office **before** seeing the doctor. Payment is required at time-of-service but we do offer a Prompt Payment Discount to our “no insurance” patients.

We accept cash, checks, checks-by-phone, AMEX, Discover, VISA, MC, and Debit Cards. If major services result in a large balance, a 0% interest installment plan can be arranged prior to treatment. Minimum payment amounts begin at \$25.00, or 10% of the balance per month, whichever is greater. Installment pay back periods cannot exceed one year (12 months).

REGARDING INSURANCE

By providing your insurance information, you have asked, and promised, to pay for the services we provided with this information. **Your** insurance policy is a contract between **you** and **your** insurance company and we are not a party to that contract. Please know **your** benefits, limitations, and responsibilities of **your** plan. Your balance is your responsibility. If you have VISA, or MasterCard, and would like to sign our credit card automatic payment agreement, please ask for a copy.

We participate with many health plans. We will bill those plans we have a contract with and will collect any required co-payment at the time-of-service. If your health plan determines a service to be "not covered," or you provided incorrect, or late, insurance information, you will be responsible for the complete charge. If this happens, we will bill you, and payment is due upon receipt of that statement. If you have insurance with a plan that we do **not** have a contract with, we require full payment at the time-of-service.

We charge what is usual and customary for our area. Regardless of any insurance company's arbitrary determination of usual and customary rates, or denial of coverage, you are responsible for payment. If you have a HSA/HRA, we require payment at time-of-service. We will provide all documentation and receipts necessary so you can be reimbursed by your account(s). Fraud laws prohibit us from changing your procedure and/or diagnosis codes “just to get your claim paid.” We make every effort to code and file claims accurately according to the services rendered and your doctor’s documentation.

OVER DUE PAYMENTS

Payment is “over due” when a balance exceeds 30 days from the date-of-service. If we have not heard from your insurance after 30 days, we will contact you for assistance and/or to make payment arrangements. After 30 days, a rebilling fee of \$5.00 will be added to your account each time we have to send you a bill. If your account is sent to a collection agency, the collection agency’s fees, and any associated legal fees, will be added to your account. After 60 days from the date-of-service, unless other arrangements have been made with you, we will forward your account to our collections department and you may be discharged from the practice.

MISSED APPOINTMENTS

In order to provide the best possible service and availability to ALL of our patients, we reserve the right to charge \$25.00 for any appointments not canceled at least one day prior. Please call us as early as possible if you know you will need to reschedule your appointment.

I have read and understand the financial policy of the practice and I agree to be bound by its terms. I understand that I am financially responsible for all charges whether or not they are covered by insurance and agree that such terms may be amended from time-to-time by the practice.

Printed Name of Patient (or Responsible Party if a Minor)

Signature & Date

Chart #