

# **PARTNERS IN WOMEN'S HEALTH, P.C.**

601 John Street, Suite N-1100 North Pavilion • Kalamazoo, MI 49007-5371 • 269-343-4609 • Fax: 269-343-8424

## **FINANCIAL POLICY**

We are committed to providing you with the best possible medical care. The following information is provided to avoid any misunderstanding or disagreement concerning payment for our professional services.

- Our office contracts with a variety of insurance plans. If you are a member of one of these plans, our billing department will submit a claim for our services.

*It is your responsibility to:*

1. Provide all current insurance information and present your insurance card at each visit.
  2. Pay your full co-pay at each visit.
  3. Pay any balance not covered by your plan including any deductibles, co-pays, and non covered services.
  4. Know your own insurance benefits.
- If you have insurance for which we are not a contracted provider, we will bill the insurance as a courtesy. A payment in full is expected at the time of service.
  - Patients with patient pay balances will receive a monthly statement. The statement will indicate separately your balance and what is still pending from insurance. Payment of your outstanding balance is required within 30 days of receipt of the statement. Patient balances over 90 days will be referred to collection.
  - Authorizations: It is your responsibility to ensure that any required authorizations for treatment are provided to the practice prior to the visit. If you do not have the authorization, your visit may be rescheduled, or you may be financially responsible.
  - If the patient is a minor (17 years or younger), the parent or guardian must sign below. The parent, guardian or unaccompanied minor is responsible for any payment due at the time of service. Bring the necessary authorization and insurance card(s).
  - Some services may not be a covered service by your insurance plan. It is your responsibility to pay any balance not covered.
  - If you have any questions about your insurance coverage or limits, please direct those to the member service department at your insurance company. The number is usually on your card. For other questions or concerns about your account with us, please call our billing department at 269-375-6079.
  - A charge of \$25.00 will be assessed for all returned checks.

We strongly believe that a good physician/patient relationship is based upon understanding and good communication. Questions about financial arrangements should be directed to the billing department at 269-375-6079.