

Peachtree Women's Clinic

Welcome and thank you for choosing Atlanta Women's Health Group for your medical care. We are committed to providing you with the highest quality medical care possible in a cost effective manner. Our professional fees have been determined through careful consideration in addition to being reasonable and customary within our geographical area. We are pleased to discuss with you any questions you may have concerning a bill.

Payment in full is due at the time services are rendered. As a courtesy to our patients, we accept cash, personal check, money order, Visa, MasterCard, Discover and American Express.



We also provide our patients with the ability to pay for their accounts online at www.awhg.org or over the phone at 404-303-7520.

Things to bring with you to EACH appointment:

- Health Insurance Card(s)
- Drivers License
- Method of Payment

Appointments:

- Please arrive for your appointment 15 minutes early.
- If you are more than 15 minutes late for your appointment, you may be marked as a *NO SHOW* and may need to reschedule your appointment.
- It is your responsibility to verify that the physician is currently under contract with your insurance plan and that you have obtained all necessary referrals BEFORE your scheduled appointment. (Failure to do so may result in your responsibility for ALL charges.)
- Please inform the receptionist of any demographic changes (phone number, address, insurance information, etc.). Failure to notify us immediately of changes in demographic information, financial status and/or insurance coverage may result in you being responsible for payment of any services not covered by your carrier.

Missed or Cancelled Appointments and other fees:

- If you are more than 15 minutes late for an appointment, you may be marked as a *NO SHOW*. Failure to arrive on time for your appointment may result in a \$25.00 fee.

- 24 hour notice is required to cancel and/or reschedule all appointments. Failure to do so may result in a \$25.00 *NO SHOW* fee.
- All co-pays are due at the time of service. Any co-pay not received at the time of service may result in a \$25.00 processing fee.
- There will be a fee of \$25.00 for any returned checks to our office.
- All balances are due prior to any further service provided by our office.

“In Network” vs. “Out of Network” Insurance:

- Your insurance coverage and benefits are a contract between you and your insurance company and therefore all disputes must be handled between you and your insurance company.
- We are contracted with multiple insurers to accept assignment of benefits.
- If you have insurance coverage under a plan with which we do not have a contract, you may be treated as a *self-pay* patient.
- We offer a reasonable discount for our cash paying patients. We will give you an estimate of what will be due at the time of service and payment for services is due at the time of service.
- We are required to file with your primary insurance carrier only. As a courtesy we will file remaining charges to your secondary carrier. It is your responsibility to file charges with any further carriers for reimbursement.

Payment in full is due at the time services are rendered:

- Co-pays and co-insurance amounts, deductibles, and all non-covered items and charges are the insured/patient’s financial responsibility and are due during the check-in process. Failure to produce payment at check-in may result in your appointment being rescheduled.
- If you receive more than one type of service on the same day, you may be responsible for more than one co-payment.
- Any amount not covered by the insured/patient’s insurance is due within 30 days of the time of service.
- As a courtesy to our patients, we gladly accept cash, check, money order, Visa, MasterCard, Discover or American Express.
- Failure to pay balances may result in discharge from the practice.

Additional Paperwork:

- Patient paperwork completed by the practice will result in administrative fees.
- We offer an optional Administrative Service Fee (ASF) of \$15.00 annually for gynecological patients or a \$75.00 fee for an obstetrical patient. This fee, if elected will be effective for a 12-month period from the date you signed. This fee is intended to cover the cost of certain administrative services we provide that are NOT covered by your insurance. You are not required to pay the ASF. However, if you choose not to pay the optional fee and require patient paperwork to be completed by practice, there will be fees assessed based on the amount and type of paper work.
- Please choose one of the following options below:**
 - () I accept the Financial Policy, but **do not** wish to pay the ASF.
 - () **GYN Patient:** I accept the ASF at the cost of **\$15.00**. This service is effective for a 12-month period from the date signed.
 - () **OB Patient:** I accept the ASF at the cost of **\$75.00** payable before the 7th month of pregnancy. This service is effective for a 12-month period from the date signed.

Minor Patients:

- The parent(s) or guardian(s) accompanying a minor are responsible for providing current insurance information on the minor as well as the payment in full for services provided.
- Minors between the ages of 16-18 must have a Pre-Authorization for Medical Treatment form signed by parent(s) or guardian(s) and on file if arrive unaccompanied for an appointment. Pre-Authorization form can be downloaded from our website: www.awhg.org
- Minors under the age of 16 must have an Authorization for Agent of Proxy to Consent for Medical treatment signed by Parent(s) or guardian(s) for each visit minor arrives accompanied by Agent or Proxy. Authorization for Agent or Proxy to Consent for Medical Treatment of a Minor can be downloaded from our website: www.awhg.org
- In compliance with HIPAA regulations, we are unable to discuss any details of services rendered or to produce an itemized bill for any parties that are not the patient, unless otherwise documented.
- Both parents/legal guardian(s) are responsible for payment for services rendered to a minor patient.

Lab/Hospital Charges:

- Any service(s) provided by a lab or hospital is a contract between you and the lab or hospital. Any dispute with that lab or hospital should be handled with that lab or hospital and is not the responsibility of our practice.
- It is your responsibility to know which procedures your insurance will and will not cover at these facilities and to request an Explanation of Benefits from your insurance carrier.
- Atlanta Women's Health Group utilizes Phyttest as their lab billing company.
- Phyttest is contracted with our practice to bill and collect lab balances due to our physicians, all correspondence from Phyttest are processed under the name of Atlanta Women's Health Group, 2 LLC.

Collections and Outstanding Balances:

- The provider reserves the right to add a \$10.00 monthly statement processing fee on any account that has an unpaid balance.
- Any outstanding balance after 60 days of the date of service may be referred to an outside collection agency. Accounts referred to an outside collection agency or attorney may be subject to a collection fee of 25% which will be added to the total balance due at the time of account is deemed delinquent.
- Patients with unpaid delinquent accounts or accounts which have been sent to collections may be discharged from our practice.

Payment Plans:

- Our practice will be happy to work with you in order to pay any balance due to our practice.
- Please contact our billing department to work out a payment plan with our practice.
- Please allow 5 mail days prior to each due date for each payment to be received by our practice.
- Please mail all payments to our office: Or make payments on line: Or over the phone
5780 Peachtree Dunwoody Rd, Suite 300 www.awhg.org 404-303-7520
Atlanta, GA 30328

Refunds:

- Refunds are issued to the appropriate party and will be processed approximately 30-60 days from date of the established credit.
- Patient refunds will not be processed until all active or past due charges are paid in full.
- Refunds less than \$50.00 will not be issued, unless requested, and will be credited to your account at our practice.
- We contract with Phyttest to bill patients for our physicians' lab fees, if a patient has a credit with Atlanta Women's Health Group, but a balance with Phyttest (or Atlanta Women's Health Group 2LLC), the patient credit will be utilized to satisfy the lab balance due. Any remaining balance will be refunded to the patient.

By signing this document, I have fully read and understand the financial policy of Atlanta Women's Health Group. I hereby consent to allow your practice to reach me via: (check all that apply)

___ Home Phone: (___) ___ - _____

___ Cell Phone: (___) ___ - _____

___ Work Phone: (___) ___ - _____

___ Fax: (___) ___ - _____

___ Text: (___) ___ - _____

___ Email: _____ @ _____

I will cooperate with the billing department of Atlanta Women's Health Group to ensure payment for my services. I understand that I will be responsible for any cost(s) associated with the collection of my account if I default on this agreement. I understand that the terms of this financial policy may be amended at any time without prior notification to me, the patient. In the event that the patient is a minor, I am the parent and/or legal guardian of said patient and agree that I am responsible for payment for all services rendered to patient herein.

Printed Name of patient/parent/guardian

Signature of patient/parent/guardian

_____/_____/_____

Month

Date

Year