

Ascension Center for Women's Health, LLC

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FINANCIAL POLICY

Ascension Center for Women's Health (ACWH) has established the following financial policy. This information is provided to prevent misunderstanding concerning payment for professional services.

- **Insurance Card and Driver's License:** ACWH participates with a number of insurance plans. It is your responsibility to bring your current insurance card and driver's license to every visit to ensure we have the correct filing information. Eligibility for coverage by health insurance plans is not guaranteed until a claim is submitted. If it is determined that you are not eligible for coverage, you will be required to pay in full for all services rendered.
- **Payment Due at Time of Service:** At every appointment, you are required to pay any primary insurance co-payments, deductibles, and/or coinsurance, as well as outstanding balances you might have from prior services rendered. ACWH accepts cash, checks, Visa, Master Card, and Discover.
- **Non-contracted Insurance:** Payment is required in full for services rendered. Most health plans **DO** offer out-of-network benefits. Refer to your insurance policy or contact your health plan for more information on filing claims and out-of-network benefits. We will provide a detailed receipt if requested.
- **Self-pay / Private Pay / Cash Pay Patients** are required to pay in full for services rendered at the time of service. **Those patients receiving Med Spa and BioTE services** are included in this category.
- **Secondary Insurance:** ACWH does not assume responsibility for secondary insurance coverage. We will file initially to the secondary carrier as a courtesy, however once filed, you are immediately responsible for the outstanding balance, as well as any necessary follow-up on these claims.
- **Patient Statements:** will be generated once the outstanding balance is deemed your responsibility. Statements are sent to the guarantor listed on the account. Regardless of the involved parties, the guarantor will be held financially responsible for the account and will be held to all components of this financial policy. A guarantor can expect a statement from our office between 5 to 20 days from the time the balance becomes your responsibility. The guarantor is required to pay any outstanding balance indicated on the patient statement in the "Pay This Amount" box within 30 days of the statement's date. Failure to pay outstanding balances within 30 days will result in the generation of a second statement. If the second statement is not paid in full, or payment arrangements are not made within 30 days of the statement date, the account will be transferred to a collection agency where more rigorous collection efforts will be made, including credit agency reporting. Appointments will not be made for patients until the outstanding balance has been paid in full.
- **Refunds of Overpayments:** will be made within 30 days from the time that the refund request is approved. If there are any other outstanding charges on the account or another account with the same guarantor, the credit will remain on the account until all outstanding charges are paid.
- **NSF Checks:** Checks returned for insufficient funds (NSF) will incur a \$40 charge, plus the face amount of the check and any additional bank fees, will be charged back to the patient's account, and will be due immediately in an alternate form of payment.
- **Care of a Minor:** If the patient is a minor (18 years and younger), a parent/guardian must sign below. The parent, guardian or unaccompanied minor is responsible for any payment due at the time of service, as well as presenting all required referral and insurance information.

MISSED APPOINTMENTS or "NO SHOWS"

We certainly understand and even expect that situations may arise that result in your needing to either cancel or re-schedule an appointment – so much so that it is our policy to remind patients of their appointment via phone, text message and/or e-mail. In order to honor our commitment to all patients, including those that are on our waiting list to be seen, we **REQUIRE** that you contact our office **AT LEAST 24 HOURS** prior to your scheduled appointment to **either cancel or re-schedule the appointment**. Failure to do so will result in a **NO SHOW fee of \$40.00**. This fee will be added to your account balance, payable immediately, and must be fulfilled prior to scheduling additional appointments in our clinic

Our practice firmly believes that a positive physician/patient relationship is based upon understanding and good communication. We believe that adherence to this financial policy will further promote this relationship. **Please sign that you have read, understand, and accept the terms of ACWH's financial policy.**

Signature of Patient/Legal Guardian

Date

Print of Patient/Legal Guardian