STATESBORO OB/GYN SPECIALISTS

Financial policies

Please place your initials by each of the statements below to designate that you have read and understand the financial policies of this practice.

_____ **Laboratory Corporation of America** is the designated lab for Statesboro Ob/Gyn Specialists. I understand that it is my responsibility to call my insurance company if I do not know the contracted lab associated with my plan. I understand that I am responsible for notifying Statesboro Ob/Gyn Specialists if I need my blood work or cultures sent to a different lab. I am aware that I will be given an order to have my blood drawn elsewhere if my plan is not contracted with Lab Corp. Please designate below where you wish for your lab specimens to be sent if **different** from Lab Corp:

_____

_____ I understand that I am responsible for determining if Statesboro Ob/Gyn Specialists is a participating provider with the network affiliated with my insurance company. I am aware that if Statesboro Ob/Gyn Specialists is an out-of-network facility, I may be responsible for greater out-of-pocket expense.

_____ I understand that I am responsible for payment of my co-pays up front. I understand that I am also responsible for any deductibles/co-insurance on services rendered. (For surgical procedures, deductibles must be paid in full at time of pre-operative appointment). I agree to make regular monthly payments on any balances due or risk my account being transferred to a collection agency. Account balances not paid within 4 months will be subject to added monthly interest fees. If my account is transferred to an outside collection agency, I am aware that there will be additional collection fees of 25%-33% of the total balance added to my amount due.

_____ I understand that it is my responsibility to provide **ALL** of my insurance information at the time services are rendered. If claims are later denied due to being past the filing time limit or if charges are denied by a secondary plan for failure to provide primary insurance information timely, I will be responsible **in full** for the charges incurred.

_____ I understand that there is a $10.00 fee associated with completion of disability forms and a $10.00 fee for copying medical records in their entirety.

_____ ***For Medicaid recipients only**.....I am aware that if my Medicaid plan (GHP Medicaid, Amerigroup, or Wellcare) denies payment due to a service being "noncovered", I will be responsible for payment in full of those services.

I understand that if my Medicaid plan pays for services rendered, then at a later date retroactively denies coverage, I will be responsible for payment in full of those services.

I understand that if I fail to notify the practice in a timely manner of additional insurance coverage considered primary to Medicaid, I will be responsible in full for any charges denied by Medicaid and/or denied by "other coverage" due to timeliness of claim submission.

Statesboro Ob/Gyn Specialists, P.C.

Practice Policies

Appointment Policy

- All appointments are scheduled in advance. We do not allow walk-ins. Same day sick appointments are almost always available.
- Please be on time. If you are 15 minutes late, your appointment is subject to be rescheduled.
- Please call if you cannot keep your appointment. Recurrent missed appointments are grounds for dismissal from our practice.
- Physician, office, and patient emergencies impact schedules and result in unpredictable waiting times. We make every effort to maintain our schedule and minimize any inconvenience to you. However, emergencies do occur. If a significant delay occurs, we will inform you and we will gladly reschedule your appointment if you would prefer not to wait.
- Patients are taken back in the order of the appointment time, not the arrival time. Also, some patients may be scheduled for multiple tests so they may be taken back in a different order.

Professionalism Policy

- Our staff strives to be courteous at all times. If you feel you have received poor customer service, please notify the Office Manager.
- Being rude or threatening to our staff is grounds for dismissal from the practice.
- Please be courteous and not use your cell phone while in our practice. Cell phones interfere with the functioning of certain equipment and may contribute to delays.

Prescriptions and Forms

- For prescription refills, please call your pharmacy and they will contact us. Please allow 3 days from the date of request. We will only notify you if there is a problem with your request.
- Please allow up to one week for completion of disability forms. There is a $10.00 charge for this service and must be paid when you pick up the forms.
- There is a $10.00 fee for copying medical records in their entirety. This must be paid in advance.
- Our physicians rarely call in medications. We believe that by seeing you in the office, we can provide better care.

Expectations and Behaviors

- You are responsible for the behavior of all guests you bring to our office, including your children.
- Children should not be left unattended in the waiting room or exam room.
- Children should not play on or with the furniture.
- Drinks and food are not allowed in our office.

Phone Call Policy

- Our physicians are available for **urgent** medical matters after office hours.
- Please do not call us regarding refills, forms, billing, etc after hours.
- When you call the office for medical advice, a nurse will call you back or forward a message to one of our physicians. These calls are handled in order of medical importance first. If you do not want to wait for a call back, we suggest you schedule an appointment for us to see you. We handle these calls as quickly as possible, however, it may take up to 24 hours for a nurse to return your call.

Ultrasounds

- Ultrasounds are performed for medical necessity. In pregnancy, we generally perform 3 routine ultrasounds:
  - 8-10 weeks----dates
  - 18-20 weeks---anatomy
  - 34-36 weeks---estimated fetal weight
- We offer a free 4D ultrasound at 24-26 weeks. The 4D ultrasound is scheduled during your GTT (Glucose Tolerance Test) appointment. There is no charge for this service but it is only attempted **ONCE**.
- Any ultrasounds that are not medically necessary but are requested by the patient (such as for sex check or another 4D) will incur a fee. For a regular ultrasound the fee is $69.00. For a 4D ultrasound the fee is $150.00. These fees must be paid in full **prior** to the ultrasound being done.

Referrals

- Occasionally we do refer our patients to other physicians. We make every effort to accomplish this in a timely manner. If you have not been notified about your referral appointment within one week, please contact our office.

I agree to adhere to the above financial and office policies. By signing below, I accept the terms and conditions of these policies.

_____ _____

Patient/Responsible Party Signature Date