Trilogy Women's Health Financial Policies

Please read, sign and return to the receptionist <u>before</u> you see the Doctor

- We require a copy of your current insurance card and driver's license (or photo ID) at the time of your visit. If you are unable to present your card before seeing the doctor, the visit may be considered fee for service and full payment may be collected. If you are an established patient, please verify all information and notify us of any changes.
- If we are a participating provider for your insurance we will file your claim for you. It is your responsibility to call the insurance company and see if your doctor is a participating provider. When your insurance company processes the claim we will make the appropriate adjustments. *Please note: You will be responsible for any copays or coinsurance amounts as set forth by your insurance company. Your copay is due at the time services are rendered.
- Some procedures that are performed in our office are considered surgical and are subject to coinsurance and deductibles depending on your insurance policy. The balance of the deductible and coinsurance amounts will be billed after your insurance company has processed your claim.
- Under some plans/policies you are required to obtain a referral from a PCP (Primary Care Physician) before seeing a specialist. If your plan requires a referral, it is your responsibility to ensure that our office is in possession of the referral letter or number prior to your visit.
- From time to time your insurance company may request further information from you before processing your claim. In the event that this happens, you will be held responsible for the entire balance of this claim.
- If you have an indemnity policy, we will file your insurance claims as a courtesy. Please be prepared to pay your portion of the claim at the time services are rendered. You are responsible for the entire balance in the event that your insurance does not pay. We will allow 30 to 45 days for your insurance to process before holding you liable for the balance.
- If you are a private pay (fee for service), please be prepared to pay at the time services are rendered. If surgery becomes necessary, you will need to contact our billing office. In the event that your account becomes past due we will make a concentrated effort to collect, but when necessary we will employ the use of an outside collection agency.

 We accept cash, personal checks, Mastercard and VISA (debit be a \$30 charge for any and all returned checks. 	cards). *There will
I HAVE READ AND UNDERSTOOD THE TWH FINANCIAL	POLICIES.
SIGNATURE OF PATIENT (PATIENT/GUARDIAN, IF PATIENT IS MINOR)	DATE
PLEASE PRINT NAME	