

FINANCIAL POLICY

Thank you for selecting Northeast OB/GYN Associates, P.L.L.C. as your health care provider. Our personnel will be happy to discuss our fees and this policy with you at any time. Please read and sign this financial policy prior to seeing the physician. Payment for services is due at the time services are rendered. For any portion of your balance that is not covered by insurance, or for our private pay patients, we accept cash, check, VISA and MasterCard.

1. Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party to that contract. Our relationship is with you. Although we will use our best efforts in collecting from your insurance company, we cannot become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance, and "usual and customary charges".

We are, however, contracted with most managed care plans. Please present your insurance card at the front desk so that we can file a claim on your behalf. We will follow their guidelines for submission of claims, co-pay amounts, and reimbursements. Any contractual provider discounts will be deducted from your balance.

2. All charges are your responsibility whether your insurance company pays or does not pay. Not all services are a covered benefit in all contracts. Some insurance companies and some employers decide what is a covered benefit and what is not. Please check your insurance plan document for any questions. Fees for these services along with unmet deductibles and co-payments are due at time of treatment.
3. **Pending Medicaid** - Northeast OB/GYN Associates DOES NOT retroactively bill Medicaid for services performed prior to the date of initial eligibility verification. If you have no other insurance coverage, you will be considered a self-pay patient and will be responsible for all services that you received prior to the initial eligibility date.
4. **OB Patients** - You will be given an estimated payment arrangement based on the amount of your current deductible, and the percentage of co-insurance responsibility set by our contracted rate with your insurance company. Deductibles (not met) are collected in full, along with the co-insurance responsibility. Our Pre-Certification Department will send you a letter disclosing your payment responsibility, along with any financial arrangements that may apply. The payment arrangement must be paid in full by your 28th week of pregnancy.
5. Co-payments not paid at the time of service are subject to a \$10 processing fee.
6. If your insurance company does not pay your claim within 30 days, it is your responsibility to contact your insurer to expedite payment. If your insurance company does not pay within 60 days, you will be responsible for payment.
7. **Lab Billing** – Due to varied contractual arrangements between lab companies and health insurance plans, please verify that you are being directed by our office to a lab that is a participating provider with your insurance plan's reimbursement provisions for laboratory services. If your insurance company does not reimburse at 100% of your lab bill, you may potentially be required to pay the outstanding balance to the laboratory involved in the billing. In some cases, it may be medically necessary to send blood work to a lab that is not contracted with your insurance company. Please remember, your lab billing is separate from our physician's billing and you may receive a separate itemized bill from the laboratory.
8. Returned checks and balances older than 90 days may be subject to collection placement and collection fees.
9. Please note that all cancellations must be made at least 24 hours in advance which allows us to care for other patients in need of our services. If you fail to cancel your appointment, you may be charged a \$25 service fee which will not be covered by your insurance plan.
10. Occasionally a refund is due to you. We will issue a refund check after we have received payment from your insurance company. This check will be processed on the 1st and 15th of each month.
11. We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems to our Patient Account Specialist, so that we can assist you in your management of your account. Should your outstanding balance be submitted to an outside collection agency, you will be charged a collection fee.

Again, thank you for choosing Northeast OB/GYN Associates. We appreciate the opportunity to serve you.

Patient's Signature: _____ Date: _____