

Downriver Obstetrics & Gynecology, P.L.C.

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OFFICE FINANCIAL POLICY

1. There will be a charge for all services performed by the doctor in the office and in the hospital. By allowing the doctor to care for you, you are agreeing to pay for the services rendered and are responsible for payment in full. For all office visits, you must pay for your care at the time of your visit. We accept Cash, Check, VISA, MasterCard, and CareCredit. There will be a fee on all returned checks. Cash payment is required immediately for all returned checks.
2. **Copays** Payment is required at the time of service. If the physician performs two different procedures on the same day of service, your insurance company may require a copay on both services. (ex. Preventive Annual Exam or Routine Obstetrical Exam and Office Visit to address medication or medical problems.)
3. **Referrals** Some HMO and managed care companies do not require a referral for a Preventive Annual Exam or Routine Obstetrical Exam, but do require one if any medical problem is addressed during the visit. It is your responsibility to obtain a referral from your Primary Care Physician (PCP) or you will be responsible for all non-covered services provided.
4. Any procedures which are performed, such as an ultrasound or biopsy, will be billed to your insurance company. However, if there are any co-payments or deductibles, payment in full is due at the time of service. If the procedure is not covered by your insurance, you will be responsible for payment in full.
5. **Minor** If you are under 18 years of age on your first visit, you must be accompanied by a parent or guardian that has the authority to make decisions regarding your treatment. For each subsequent visit, a written authorization by a parent or guardian for routine treatment is sufficient.
6. **Surgery** If there are any co-payments or deductibles for surgeries to be performed, payment in full is due at least 3 days before the surgery date.
7. **Lab/Pathology Fees** are billed separately by the lab and pathologist. You may receive additional bills for these services.
8. **Appointment Cancellation Policy** The time reserved for your appointment is valuable. Our policy requires at least 24 hours notice prior to the appointment time that is being cancelled. We reserve the right to charge you a fee if we do not receive proper notification. Please be aware that we will bill any charges associated with missed appointments directly to you, even if you have insurance coverage. Insurance policies will not cover charges for cancelled or missed appointments.
9. **Blue Cross Blue Shield Master Medical Policy**
Office Visits: All Master Medical patients are required to pay for services in full on the service date. As a courtesy the doctor's office will file your Master Medical claim and the insurance company will reimburse you directly.
Obstetrical Care: Pre-natal and post-natal packages must be paid in full by 28 weeks gestation. Monthly payments are to be made, please see the billing department for payment plans. After delivery you will receive an itemized statement which you can submit directly to your insurance company for reimbursement.
10. We reserve the right to charge a fee for all patient records, etc. that are requested by the patient.
11. Payments may be applied to the oldest outstanding balance. Please retain your receipts for your records.
12. In almost all cases, insurance payments are sent directly to the doctor. If you receive a check for payment of services performed by the doctor, you must bring that check to the office immediately and sign it over to pay your outstanding balance.
13. If payment is received by the office for services that has been paid in full, a credit balance will be applied to your account. You may request a refund.
14. Any account balance not paid within 30 days will be subject to service charges at an annual rate of 18% or the maximum allowable rate as well as reasonable attorney's fees and costs of collection in the event of default.

Patient Signature

Date

Fees and Policies are Subject to Change

Revised 04/19/2011