



Thank you for choosing us for your obstetrical and gynecological care. We are committed to providing you with quality and affordable health care. We have developed this payment policy to help answer questions regarding patient and insurance responsibility for services rendered.

1. **Insurance.** We participate with many insurance plans, including Medicare. If you are not insured by a plan we are contracted with, payment in full is expected at each visit. If you are insured by a plan, we are contracted with but do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
2. **Co-payments and outstanding balances.** All co-payments and outstanding balances must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.
3. **Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be noncovered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.
4. **Proof of insurance.** All patients must complete our patient information form before seeing the provider. We must obtain a copy of your driver's license and current valid insurance card. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
5. **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether your insurance company pays your claim or not. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
6. **Insurance changes.** If your insurance changes, please notify us immediately so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim, the balance may be transferred to you.
7. **Nonpayment.** If your account is over 90 days past due, you will receive a letter reminding you of your past due balance. Payment arrangements can be established with the office if necessary. Please be aware that if a balance remains unpaid, we may refer your account to an outside collection agency, and you may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our providers will only be able to treat you on an emergency basis.
8. **OB Service.** You will have financial counseling with a designated staff member in order to review your insurance benefits and your estimated financial responsibility. Prepayment estimations will be established, and prepayment is required by the end of the 8<sup>th</sup> month of pregnancy.
9. **Medical Records.** Patient records are protected under Federal Health Insurance Portability and Accountability Act (HIPAA), as well as State of Iowa laws. Medical records will be sent directly to collaborating or referring physicians at no charge. Alternate medical record releases are subject to a \$25 fee for the past 2 years of records. Please allow 30 days for processing.

Our practice is committed to providing the best cost-effective treatment to our patients. Our prices are representative of the usual and customary charges for our area.