

Complete Healthcare for Women of Wellington, LLC

Gynecology

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FINANCIAL POLICY

The following is a statement of our financial policy which we require that you read and sign prior to treatment. Please understand that payment of your bill is considered a part of your treatment, **and our policy requires payment of co-payments and deductibles at the time of service.** As a courtesy we will file your claim to the insurance carrier you have provided. If there is any balance owed after all insurance companies have made their payment, we will bill you for the remaining balance. In the event that your insurance coverage changes to a plan in which we are not participating providers, or in the event there are any services considered "not covered", we will require payment in full.

Dr. Colette Brown-Graham & Dr. Daxa Patel are not participating providers with Florida Medicaid or Florida Medicaid assigned plans.

Our agreement is with you and NOT your insurance company. You have chosen your insurance coverage. Although we will assist you in submitting your claim to your insurance carrier, you are ultimately responsible for the services you receive. Payment to our office is not contingent or dependent on your insurance carrier. All patients will be required to have either a current Master Card, Visa, or American Express Card on file which will be used for payment of any remaining charges after payment has been received from your insurance carrier or if it has been determined that a patient has not been charged for a service provided.

Please note this office does verify benefits prior to patients being seen as a courtesy to the patient, however, ultimately it is your responsibility to know and verify your health benefits with your insurance plan. ***Verification of benefits is not a guarantee of payment for medical services to your physician by your insurance company.***

PRIOR AUTHORIZATIONS If you have an insurance carrier that requires prior authorization for your visits, it is your responsibility to obtain any referrals or authorizations from your primary care physician. Failure to provide authorization may result in your appointment being rescheduled or higher out of pocket expenses.

MINOR PATIENTS: Any adult (parent or guardian) accompanying a minor will be responsible for payment in full. For unaccompanied minors, nonemergency treatment will be denied unless charges have been preauthorized to a Visa/MasterCard, or payment by cash or check at time of service has been verified. Unaccompanied minors also are required to have a signed consent from parent or guardian to permit treatment.

Returned checks will be charged a fee of a minimum of \$35.

Missed appointments will be charged a \$25 no-show fee if the appointment has been confirmed.

Copies of medical records will be provided at the request of patients for a fee of \$1.00 per page for the first 25 pages and \$0.25 for each additional page. A medical records request will have to be filled out and signed by the patient. Records are typically available within 96 hours but may take up to 30 days.

Any past due balances over 90 days will be submitted to a collection agency, unless other arrangements have been made. If your account is placed with a collection agency, you are required to pay the balance in full prior to scheduling an appointment. Timely payment will ensure your credit remains unaffected.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY. I HEREBY AGREE TO RENDER PAYMENT IN ACCORDANCE WITH THE TERMS AND CONDITIONS SET FORTH.

(SIGNATURE OF PATIENT OR RESPONSIBLE PARTY)

(DATE)

(PRINT PATIENT NAME)