



Consent for Treatment and Insurance Authorization/ Financial Responsibility

We are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. The following is a summary of payment policy. The patient or authorized person agrees that the demographics information is correct and allows for the medical treatment as specified by physician or associate provider.

I hereby authorize My OBGYNE to furnish information to insurance carriers concerning my illness and treatment and I hereby assign the physician ALL insurance payments for medical services rendered to myself or my dependents. I understand that I am responsible for ANY Unpaid amount, and agree to pay service charges at current rate and accounts that become 30 days overdue. Self-pay patients will NOT be issued a refund after insurance is reinstated. This applies to our AHCCCS Patients and commercial Patients.

Your Insurance may or may NOT pay for Well Women Exams or Routine Preventive Services. Medicare patients: Medicare B DOES NOT cover Well Women Exams in office must be done by your PCP. Insurance: We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and copayments at the time of services. If we have not received payment from your insurance company within 45 days of date of service, you will be expected to pay the balance in FULL. You are responsible for all the charges. We are legally obligated to assign procedure codes based on the service provided to you, whether it is a well woman exam or a visit to take care of problems, or both. If both kinds of services are provided during a single visit, then both services may be billed. We cannot change the coding later to cause insurance to pay for non-covered service. Depending on your insurance coverage, you may be responsible for paying a copay each time. Based on the kind of coverage you have, some or all of this cost may have to be billed to you. It is your responsibility to be familiar with your insurance benefits. You agree to contact your insurance provider if you need help understanding your benefits. You are responsible for notifying our office of all insurance changes including any secondary insurance. If you do not inform the office, you will be responsible for any remaining balance.

Office visits, consults, treatments and procedures with physician are SEPARATE charges from any laboratory testing that is determined to be medically necessary or performed as a matter of course in the examination. Examples of these are blood tests, urinalysis, pap smears, cultures, biopsies, or any test that involves taking bodily fluid or tissue specimen. These are sent to a Laboratory with the resulting charges that are separate from MY OBGYNE.

I agree that for disability forms, FMLA forms, paperwork, etc. there is \$25 fee per set of forms.

Appointments: If I am unable to keep my appointment, a 24-hour notice is required or a \$25 charge will be made for each missed appointment, procedure or ultrasound. A \$50 charge will be made for missed surgery appointments. We do not ACCEPT patients that are late later than 10 minutes for their appointment. You will have to be reschedule for the next available appointment.

I have read and understand the MYOBGYNE consent and Financial Responsibility.

Signature Of insured: _____

Date: _____

Print Name: _____