



**Consent for treatment, insurance authorization and financial responsibility.**

**Welcome to My Obgyne!** We would like to thank you for choosing My Obgyne for your gynecological and obstetric needs. We believe in providing highly personalized quality care to our patients. Please help us to make your visit and billing a smooth experience. To do this we need to make sure that we have all required information at time of service.

**Review the information below and initial indicating that you read and understand each category. If you have any questions make sure that you connect with the appropriate staff for assistance.**

\_\_\_\_\_ **Photo ID/Insurance Cards:** Please provide your Photo ID as well as your insurance card at your visit. We will need to make copies of these and keep them on file.

\_\_\_\_\_ **Late for Appointments:** We do NOT accept patients that are later than 10 minutes for their appointment. You will have to be reschedule for the next available appointment.

\_\_\_\_\_ **Cancellations and No Shows:** If you are unable to keep your appointment, a 24-hour notice is required or a \$25 charge will be billed for each missed appointment, procedure or ultrasound. A \$50 charge will be billed for missed surgery appointments.

\_\_\_\_\_ **Payment:** Payment is due at time of service. We accept Cash, Visa, and Mastercard.

\_\_\_\_\_ **Paperwork/Records/Forms:** FMLA forms, paperwork, disability forms, records etc. There is a \$25 fee per set of forms.

\_\_\_\_\_ **COPAYMENTS, COINSURANCE AND DEDUCTIBLES:** All copayments, coinsurance and deductibles must be paid at the time of service.

\_\_\_\_\_ **Maternity Prepayment Collection:** For patients who are self-pay or have deductible assigned by their insurance company we here at My Obgyne collect the global delivery fee prior to your delivery. The fee amount is determined by the fee schedule allowable assigned by your insurance plan. Half of that amount is due at 28 weeks and the full amount is due at 36 weeks. \*This does **NOT** include any ultrasounds, NSTs, or other non-pregnancy related medical services. They are not part of the global delivery fee and payment for those separate services are due at time of service. The global delivery fee is inclusive of your antepartum, delivery and post-partum visits only. Lab work is a separate service that is billed by the lab and not part of My Obgyne billing.

\_\_\_\_\_ **Statements:** Accounts are considered due upon the first billing statement and after 30 days are considered past due. You will receive 3 statements for any unpaid balances, and no more than that. If after the 3 statements have been sent and there is still a balance on your account the account is considered delinquent and eligible for collection placement. If you account is sent to a collection company you will also acquire a 25% collection fee in addition to the balance that is past due. Please contact the billing department if you need to set up a payment plan.

\_\_\_\_\_ **INSURANCE:** We participate in many insurance plans, including commercial, Medicare and Medicaid. By law and per our contract with the insurance companies, we are required to bill your insurance for any services rendered in our office. You can help us have your claims processed in a timely manner by keeping us updated of any insurance changes or additions. It is your responsibility to keep us informed. If you fail to keep us updated with your insurance you will be liable for any unpaid bills. You hereby authorize My OBGYNE to furnish information to insurance carriers concerning your illness and treatment. You assign the physician ALL insurance payments for medical services rendered to yourself or your dependents. You understand that you are responsible for any unpaid amounts.

\_\_\_\_\_ **Ahcccs patients:** please make sure to provide any primary insurance that you have for yourself or if you are on someone else's policy as a dependent. Per Ahcccs we **MUST** bill any primary insurances before Ahcccs will process your claims. This does include primary insurances that may not have maternity benefits. Even if there are no maternity benefits with a primary insurance, we are required to submit the denied primary eobs to Ahcccs for processing of your claims.

\_\_\_\_\_ **Medicare patients:** Medicare only covers well woman exams every 24 months. This includes well woman services rendered by all physicians you have seen. Make sure you know when your last well woman exam was done and understand that if you have had these services in the last 24 months Medicare will not cover them.

\_\_\_\_\_ **KNOW YOUR BENEFITS:** Each and every insurance company has different plans, each with different benefits. Your health insurance coverage is an arrangement between you and your insurer. It's your responsibility to understand what services are covered under your specific plan. Your insurer can assist you with any questions you have relative to your benefits with them. Many insurance plans have their own specific criteria for which services they will cover and how frequently they will cover them. Therefore, My Obygne cannot be held responsible for informing patients whether a particular service is "covered" or not. However, our staff will make every effort to try to assist you in understanding your health benefits.

\_\_\_\_\_ **Coordination of Benefits:** All insurance plans, including Medicare/Medicaid perform yearly coordination of benefits checks to see if you have obtained or terminated other insurance coverage. They will deny claims if a coordination of benefits is due or past due. If you do not contact the insurance company to update (even if you have had no insurance changes) your claims will remain denied and you will be liable for any unprocessed/paid claims. Please make the calls and keep your insurance coordination of benefits updated.

\_\_\_\_\_ **Well Woman Exams:** Your insurance may or may Not pay for well women exams or routine preventative services. 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 health 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/deductible/coins each time. Based on the kind of coverage you have, some or all of this cost may have to be billed to you.

\_\_\_\_\_ **Separate Services:** Office visits, consults, treatments and procedures with a physician are SEPARATE charges from any laboratory testing that is determined to be medically necessary or preformed as a matter of course in the examination. Examples of these separate services 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 who does their own billing and may result in charges that are separate from MY OBGYNE.

By signing this you agree that you have read and understand My Obygne's consent and financial policy. You agree to keep all patient information such as address, phone number and insurance updated. You will notify the office of any name changes. You agree that you are finically liable for any non-covered services or amounts assigned to you by your insurance company. Please keep your info updated for a smooth and accurate billing process. Thank you

**Signature Of insured:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_