

NORTHEAST CENTER FOR WOMEN'S HEALTH
11135 MONTGOMERY ROAD
CINCINNATI, OHIO 45249

FINANCIAL POLICY

It is your responsibility as a patient to provide correct up to date demographic and insurance information at the time of your visit. If at your visit you cannot provide our office with the correct billing information, so that we may bill your insurance in a timely manner; it will be your responsibility to pay for the visit and file the insurance claim with your insurance company. In this case, you will also be responsible for providing your insurance information to any outside laboratory (ex: blood work, pap smear, cultures, etc.).

Our office is dedicated to providing our patients with the best possible care and services. It is important for you to understand that your health insurance coverage is an agreement between you and your insurance company and your doctor's bill for the services provided to you is an agreement between you and your Doctor.

Insurance:

Our doctors participate with many insurance companies. Please check with your insurance to see if we participate with your plan.

If we **DO** participate with your insurance company, all services performed in our office and at the hospital will be submitted to them, unless we have received prior notification of non-covered services. In order for our office to file your claim, you must provide a current insurance card at the time of service. All co pays and deductibles are the patients responsibility and are payable at the time of service. If a copay cannot be paid at time of service your appointment will be rescheduled.

If we **DO NOT** participate with your insurance company, this means that we will not bill your insurance carrier and, we will not accept payment from them as payment in full for services performed. All insurance carriers have a schedule of fees from which they will pay; however, the doctor's fees may be more than what the insurance company shows on their schedule. Therefore, any balances not covered by the insurance company become the responsibility of the patient. Payment for office visits **IS** due at the time of service. We will provide you with an itemized bill so that you may submit the charges to your insurance company for reimbursement.

Payment for services performed:

Our office accepts Visa, MasterCard, and Discover, American Express, and CareCredit for your convenience, as well as cash, check, or money order. All payments are due at the time of service. Outstanding balances are due within 30 days. All balances that reach 90 days past due will be sent to our collection agency and assessed a service charge. Should your account be sent to our collection agency, you would be financially responsible for all fees and legal fees that our office incurs through the process utilized to collect the outstanding delinquent balance.

Payment in full of any past due balance is expected prior to being seen in our office in the future. In addition, payment in full will be expected at the time of service for any future services.