

### Office Financial and Payment Policy

Thank you for choosing Spartanburg OB-GYN, P.A. as your healthcare provider. We are committed to providing you and your family with the best possible medical care. In our ongoing process to make sure all of your medical needs are met, we would like to present our Office Financial and Payment Policy in order to minimize misunderstanding about fees. We ask that all responsible parties read and sign this policy prior to seeing the physician. This policy is offered in an attempt to develop and sustain a continued professional and pleasant relationship. Our billing department will be available to discuss our fees and this policy with you.

As a courtesy to you, Spartanburg OB-GYN, P.A. will bill your insurance carrier for services provided. In order to properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurance, as well as any changes of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. Any laboratory tests, which require an outside lab to perform, will be billed separately by that company.

As the responsible party, please understand (initial each of the following):

\_\_\_\_ 1. Payments for all services, which include unpaid balances, deductibles, co-payments, or other non-covered services as set by your insurance carrier are due at the time services are rendered. In order to service you better, we accept cash, check, Visa, MasterCard, Discover and Care Credit.

\_\_\_\_ 2. Returned checks will be subject to a fee of \$35.00.

\_\_\_\_ 3. If you participate in a high-deductible health plan, we require that you pay 50% of unmet deductible or 80% of billable charges, which is lesser of the two, at the time of service. If we receive notification from your carrier that our claim did not process to your deductible we will refund any monies owed to.

\_\_\_\_ 4. Self-Pay Patients will be expected to pay at the time of service. If you are not able to pay in full, you must contact our billing department prior to being seen by the physician to make payment arrangements.

\_\_\_\_ 5. We are participating providers with Medicare and will bill Medicare for all covered services. If you have a supplemental insurance, we will bill your supplemental insurance. If you do not have a supplemental insurance, your portion, which is 20% of the amount allowed by Medicare and Medicare deductible, will be collected at the time of each service. You will be expected to pay the allowed amount until you have met your Medicare deductible each year.

\_\_\_\_ 6. I understand that if I fail to make any of the payments for which I am responsible in a timely manner and my account becomes delinquent, I agree to be responsible for any and all cost of collecting monies owed. This is including, but not limited to, court costs, litigation costs, and attorney's fees of 30% associated with any necessary collection procedures brought about by Spartanburg & Pelham OB-GYN, P.A., should that be necessary. We reserve the right to turn any account that becomes delinquent over to a collection agency or attorney's office who would then manage the collection of your account.

\_\_\_\_ 7. When an appointment is scheduled with a physician, time is specifically allocated for you. We understand there may be times you are unable to keep an appointment, but we ask the courtesy of a phone call to cancel your appointment. We require 24 hour notification of cancellation, failure to do so will result in a \$25 no-show fee. Failure to show 3 times will prevent us from rescheduling any appointments for you.

At Spartanburg & Pelham OB-GYN, P.A., we understand that financial problems may affect timely payment, so we encourage you to communicate any such problems to us so that we may assist you in keeping your account in good standing. If you have any questions, please contact our billing department at (864) 606-0344.

I understand the above information and will be responsible for the patient listed above.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Patient