COVINGTON WOMEN'S HEALTH SPECIALISTS
4181 Hospital Drive, NE, Ste. 101 & 104 Covington, GA 30014
5154 Cook Street, Covington, GA 30014
5165 Cook Street, Covington, GA 30014
770-385-8954

Financial Policy

Covington Women's Healthcare Specialists, LLC is pleased to provide your medical care. Please read our Financial Policy. If you have questions or concerns, our staff will be happy to assist you.

Financial Policy:

- As a patient at Covington Women's Healthcare Specialists, LLC you assume personal responsibility for your account with us.
- Medical insurance is a contract between you and your insurance company. It is your responsibility to know limitations exclusions, deductibles, and co-pays of your insurance plan and to resolve any disputes with your insurance carrier for nonpayment of services. As the insurance policy holder, you are responsible for timely payment of your account for any unpaid balances as indicated by your insurance.
- As a courtesy to you, we will file your insurance claims for our services. Even though every effort will be made to collect from my insurance carrier, the ultimate responsibility for charges is mine.
- By law, we are required to collect your co-payment at each visit., we will collect your payment before you see the provider.
- If you have a deductible, it must be paid at the time of visit.
- If during your annual visit, you discuss issues with the provider that are problems not preventative, which require discussion and evaluation above and beyond your annual care, you could be subject to a co-pay.
- For services not covered, payment is required at time of the service. For example: Infertility Diagnosis
- There is a thirty five dollar ($35.00) fee for checks not honored by your bank in addition to the amount of the check.
- We do not re-deposit checks.
- Balances over ninety (90) days old may be placed with our attorney or collection agency. All fees charged by the attorney or agency will be added to your balance (20%)
- To cover electronic payment processing of your credit card or bank card payment, a 3% fee will be added to all card transactions. For example, a $20 co-payment will be charged as $20.60.
- I agree to pay for any and all medical services I receive from Covington Women's Health Specialists, LLC that are not covered services, or if payment is denied by my insurance company.
- I also agree and understand that Covington Women's Health Specialists, LLC can only code and file claims with my insurance carrier for my office visit with the diagnosis that was encountered according to the medical documentation recorded at the time of service.

PLEASE READ CAREFULLY:

I hereby authorize Covington Women's Healthcare Specialists, LLC to furnish information to insurance carriers concerning my visits, illnesses and treatments and I hereby authorize direct payment of medical benefits to Covington Women's Health Specialists, LLC for services rendered to myself or to my dependents. I understand that I am financially responsible for any balance not covered by insurance. If my Medicaid, Peachstate, Wellcare, Amerigroup, CareSource or any other insurance is terminated during the time of my date of service, I will be billed and held financially responsible for the balance. Failure to pay may result in collection actions as described above and future appointments being cancelled and/or being terminated from the practice.

I authorize the above practice and/or its designated provider to send electronic account statements and invoices to my email address on file

If warranted, this practice may offer the option of paying my share of costs via an automated payment plan. I understand that I may incur some interest expense beyond my balance in exchange for this convenience. I can avoid interest charges by paying my bill immediately if required or by its due date.

This authorization will remain in effect until I provide written notice of cancellation to the practice. Authorization for services already rendered cannot be cancelled or refunded. I agree to notify the practice in writing of any changes in my payment or other information

_____(initial) There will be a charge of $25 no show/cancelation fee for office visits and a $50 no show/cancelation fee for procedures. The fee will be applied when you do no show for your scheduled appointment, or if you cancel or reschedule the same day as your scheduled appointment.

_____(initial) **Self-Pay patients:** In addition to the office visit cost, you will also receive a bill from Propath Laboratories if any cultures, pap smears, or if any other swabbed specimen is taken during your visit with Covington Women's Health Specialists.

I have read and understand these Policies and Consents. By signing this consent, I acknowledge that I have been offered a copy of this consent form.

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Patient/Parent/Guardian Signature Date