

## FINANCIAL POLICY

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask us if you have any questions about our fees, Financial Policy, or your responsibility.

- All new patients are asked to complete our "Patient Registration Form" before seeing the doctor. We request our established patients to inform us of any changes in name, address, phone number, employer, and/or insurance status. We will verify this information with you at each visit.
- **FULL PAYMENT IS DUE AT TIME OF EACH VISIT** unless your health care coverage is through a plan that the physician has agreed to participate with (certain HMO's and PPO's).
- Co-payments, non-covered services, and annual deductible amounts are to be paid at the time of service (this includes HMO, PPO and commercial insurances).
- **CASH, CHECKS, MC, VISA, DEBIT CARDS, AND MONEY ORDERS** are accepted forms of payment.

## INSURANCE:

- It is important for you to check your insurance plan in detail prior to your visit. It is your responsibility to know your coverage and to pay at the time of service for any services not fully covered by your plan or any co-pays that are due.
- Many HMO's and PPO's require a written referral or referral number for the specialty care provided in our office. Please make all necessary arrangements to obtain a referral prior to your visit. If a referral is required and you did not obtain one, you can either sign a responsibility statement and pay for the visit at the time of service, or you may reschedule your visit.
- The office will file insurance claims for professional services rendered. Patient deductibles, co-insurance, co-pays, and non-covered services are due at the time of service. Co-pays are routinely collected at the time of check in. Due to our physicians being specialists, your insurance may apply co-pays to each visit. We will gladly provide you with a receipt for all charges billed and monies collected.
- For all charges that are filed to your insurance company, in the event payment is not received within 60 days from the date of filing, the full balance becomes your responsibility. We will notify you so that you may contact your insurance carrier and assist us in facilitating payment within these time frames. Please remember that ultimately our services are provided to you, not your insurance company; therefore, payment is the responsibility of the patient.

**PLEASE VERIFY YOUR INSURANCE COVERAGE AND BRING YOUR INSURANCE CARD TO OUR OFFICE EACH TIME YOU VISIT.**

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## PAYMENT ARRANGEMENTS:

If a patient and/or guarantor cannot make payment in full at time of service, the patient should ask to speak with the office billing representative, who will work out appropriate payment arrangements.

## COLLECTIONS:

If it becomes necessary for your account to be placed with an external collection agency due to nonpayment, the patient and/or guarantor are responsible for all associated collection costs.

**Thank you for understanding our Financial Policy. We appreciate your compliance with this policy. Please let us know if you have any questions or concerns regarding your financial responsibilities.**

## ACKNOWLEDGMENT

I have received a written copy of and understand the Financial Policies for

**Comprehensive Infertility  
Barry I. Witten, MD**

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date