

WELCOME TO SOUTHEAST WOMEN'S CENTER/SOUTHEAST MED-SPA & LASER CENTER

Welcome and thank you for choosing Southeast Women's Center as your healthcare provider. Our mission is to provide a comfortable and professional atmosphere along with excellent patient care.

FINANCIAL POLICIES

Insurance: We will, as a courtesy, file insurance claims that we participate with on your behalf. Please note that if your insurance company fails to pay your claim in a timely manner it will become your responsibility. **Copayments** are due at time of service. If you are unable to make your copayment, we will assist you in rescheduling your appointment. **OB Patients having coinsurance will be expected to pay this amount by their 28th weeks of pregnancy. Secondary claims** will be filed once and we will only file to those carriers with whom we participate. (This does not apply to any Med-Spa clients, as the Med-Spa does not accept insurance)

Self-Pay: You will be considered a "Self-Pay" patient if you do not have insurance or if you carry an insurance we do not accept. Self-Pay GYN patients will be required to pay a \$200.00 deposit for their first visit and will be asked to sign a payment agreement for the balance on their account, not to exceed 90 days.

Laboratory Charges: Patient's will receive a separate bill directly from an outside laboratory for any lab testing done in our office.

Returned Check Fee: Southeast Women's Center is happy to accept your personal check. Your check will be accepted and deposited into our bank the same business day. If your check is returned to us for insufficient funds, there will be a \$25.00 charge to cover the returned check fee. All patients that have had checks returned to us will be required to pay by some other method (cash, credit or debit) in the future.

No Shows and Cancellations: If you are unable to keep your scheduled appointment, please notify our office by phone. At least 24 hours' notice is required. After the first failure to keep an appointment without notification, the patient will be subject to a \$30.00 charge for any additional visits missed without proper notification. *Med-Spa patients will be charged a \$35.00 fee for any appointment missed and not cancelled within 24 hours.*

Surgery Scheduling: Many people are involved in the setup and scheduling of surgeries for our patients. Time is blocked out of the hospital and physician's office schedules, therefore cancellations and no-shows deprive other patients the use of both facilities. Due to the extensive administrative time involved in coordinating your surgery, changes to the surgery schedule may be subject to cancellation fees.

Medical Records / Disability / FMLA: We will charge you for a copy of your medical records according to the North Carolina State fee schedule. (1-25 pages = \$0.25/page, 26-100 pages = \$0.50/page, 100+ pages = \$0.25/page, plus a \$10 processing fee). We will charge a flat fee of \$25.00 for all medical forms, including Disability and FMLA.

I understand that I am responsible for all non-covered services and that payment is due at the time of service. I hereby give consent to Southeast Women's Center to provide whatever treatment the assigned Physician/Provider may deem medically necessary. I release my insurance benefits to be paid directly to Southeast Women's Center. I have read and acknowledge this financial policy.

Print Name

Signature

Date