



Patient Financial Policy

SOUND To assist you in understanding our billing process, please review the following information:

**WOMEN'S
CARE**

Paying your bill:

You are responsible for providing us with your most current insurance information. If you do not have healthcare insurance, and or do not provide us with your information, you will need to pay **\$200** at the time of your visit. We accept cash, Visa, MasterCard, personal checks, and money orders. If you are not able to pay your bill in full, please contact our Patient Accounts Department and we can arrange an appropriate payment plan for your needs.

Medical Insurance Billing:

You are responsible for providing us with your complete and current medical insurance information. We require a copy of your insurance card and your personal picture identification card. We will bill your insurance carrier for any services you receive. Any balance due after your insurance has paid is due within 30 days of receiving your statement. Our Patient Accounts representative phone numbers are located at the bottom of our statements. A representative is available to assist you with any payments, questions or concerns you may have.

Co-pays: If you have a co-pay, insurance companies require us to collect it at the time of service. We will ask for payment after you have seen your provider.

Preventive Care/Yearly Exams:

It is important for **you to check with your insurance carrier** to determine if preventive services are covered prior to your visit. Some insurance plans do not include preventive care as a covered benefit and your yearly exam would not be covered. Some plans are also "date sensitive" and require that it has been one full calendar year since your last preventive exam.

MEDICARE does **not** cover **preventive exams**. Medicare will only cover a pap and pelvic once every two years. We **do not** provide the "Welcome to Medicare" exam.

Obstetrical Care:

As a courtesy, our office will verify your maternity coverage with your insurance company. You will receive a breakdown of your coverage in the mail for your records. We will also call you to let you know of your coverage and ask that you meet with us at your next visit. At that time we can answer any questions you may have regarding your coverage. You will be asked to sign a financial agreement allowing us to bill for our services. We do offer payment arrangements for balances due. We ask that your portion of the balance is paid in full by your seventh month of pregnancy. If you do not have insurance coverage, you are required to bring **\$500** to your first visit. We will contact you regarding payment arrangements and meet with you at your next visit.

Surgical Care/Elective Procedures:

Our Surgery Coordinator will call and verify your insurance coverage and arrange scheduling for your procedure. We will inform you of your financial responsibility quoted to us by your insurance carrier. You will receive a surgical fee explanation in the mail. We prefer to collect this payment prior to the surgery. Our Patient Accounts Department is available to meet with you to discuss suitable payment arrangements, as needed.

Returned Checks:

You will be charged a \$25 fee for each returned check.

Marlene (A-K)	425-640-4812
Christin (L-Z)	425-640-4637
Rita	425-640-4633