MELISSA WAMPLER, M.D.
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Financial Policy

Thank you for choosing OB/GYN Associates, P.A. as your health care provider. We are committed to providing you the best available medical care. Our personnel will be pleased to discuss our fees and this policy with you at any time. We ask that all patients read and sign our financial policy as well as complete our Patient Information form prior to seeing the physician.

Payment for services is **DUE** at the time services are rendered. We accept **cash, check, Visa** and **MasterCard**.

In special instances, we may accept assignment of insurance benefits. However, you must understand:

1. Your insurance policy is a contract between you, your employer, and the insurance company. We are **NOT** a party to that contract. Our relationship is with you. We cannot become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance, and "usual and customary" charges. We are however, contracted with certain managed care, and preferred provider plans; we will follow the guidelines for patient care, reimbursement, and submission of claims for services rendered. Any contractual provider discounts will be deducted from your balance.
2. **All charges are your responsibility whether your insurance company pays or does not pay.** Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
3. **Fees for these services, along with unpaid deductibles and co-payments are due at the time of treatment.**
4. If your insurance company does not pay in your claim within 30 days, it is your responsibility to contact your insurer to expedite payment. **You will be responsible for any unpaid claims.**
5. If your insurance company does not pay in full within 45 days, we require you to pay the balance by **cash, check, Visa or MasterCard.**
6. Any patient balance **less than** $500.00 requires a **minimum** of $25.00 per month payment. Any patient balance **more than** $500.00 requires a **minimum** payment of $50.00 per month.
7. **Lab Billing-**Please remember, your lab billing is separate from our physician's billing and you may receive a separate itemized bill from the laboratory, for which you are responsible. Please verify that you are being directed by our office to a lab that is a participating provider with your insurance plan.
8. Returned checks and balances older than 45 days may be subject to collection placement and collection fees.

Please note that, if you must cancel or reschedule your appointment, **all cancellations must be made at least 24 hours in advance. If you fail to cancel your appointment, you may be charged at the rate of a normal office visit.** We encourage you to communicate with our business office any payment problems, so that we may assist you in the management of your account. Again, thank you for choosing OB/GYN Associates, P.A. as your health care provider. We appreciate your trust in us and we appreciate the opportunity to serve you.

Patient's Signature: ______________________________ Date: ______________________________

Effective 2-4-13