

FINANCIAL POLICY

South Suburban Women's Center believes that communicating our financial policy is a good healthcare practice. Insurance coverage varies significantly among the many insurance carriers, therefore, it is your responsibility to read and understand the coverage and expectations of your particular insurance policy.

Charges incurred for services rendered are the patient's responsibility regardless of insurance coverage. Your insurance coverage is a contract between you and your insurance company, not your insurance company and us. We will file your primary and secondary insurances only, as a courtesy. Please realize that having a secondary insurance does not necessarily mean that your services are covered at 100%. Secondary insurances typically pay according to a coordination of benefits with the primary insurance. It is your responsibility to provide us with accurate insurance information and to inform us of any changes in your coverage as they occur. **Please note: We do not bill insurance carriers for some elective procedures. Our Billing Department will notify you prior to your visit if this is the case.**

You are responsible for all co-pays, co-insurance, deductibles, and non-covered services/items. We are obligated to collect your co-pay, co-insurance, and deductible at the time of service per your insurance company. We accept cash, check, Mastercard or VISA.

Statements are sent out monthly, and payment is due upon receipt of your statement. Patient payments are typically applied to the oldest balances first, except for copayments and coinsurances – they are applied to the current date of service. There is a \$25.00 returned check service charge payable within 5 days of notification. Payment will then need to be made by cash, money order, or credit card for the balance due and the service charge.

We realize that although most patients have health insurance, many do not. Because we are a private practice group, we do not receive the government funding that many hospitals or urgent care centers do. Patients who are self-pay will be required to pay for their office visit in full at the time of service. A discount will be applied to their charges.

Some patients may accrue large balances for services provided. For those patients with large balances, please contact a representative in our billing department at 216-581-9484 to set up a payment plan. **Please note: The minimum monthly payment amount is 10% of the initial balance or \$25.00, whichever is greater.** Balances not paid in full within 90 days will be given a \$50.00 late payment fee and turned over to an outside collection agency unless prior payment arrangements have been made. This will jeopardize having any future appointments with our office.

Completing insurance forms, FMLA forms, and other requested supplemental forms as well as copying medical records requires time away from patient care and day to day business operations. Prepayment of \$10.00 per form is required. Please understand that in order to complete forms, your medical record must be reviewed, forms completed, and signed by the physician. We request that you allow at least 5 business days for this process.