



FINANCIAL POLICY

Evans Gynecology accepts cash, check, MasterCard, visa, discover and American Express. We also accept debit cards and flexible spending account cards.

COMMERCIAL INSURANCE:

Please provide our office with your current, verifiable insurance information at each visit. Your insurance policy is a contract between you and your insurance company. You are responsible for understanding your coverage limitations for office visits, labs, x-rays, procedures, etc. As a courtesy, we will bill your insurance, however, payment in a timely manner is the patient's responsibility. Even though an insurance claim is filed by our office, you are responsible for settlement of a disputed claim. Your co-payment will be collected at check-in. if you have a co-insurance rather than a co-payment, your co-insurance will be collected at check-out.

MEDICARE:

Please provide our office with your current, verifiable Medicare information at each visit. You are responsible for making sure that Medicare has your correct address and date of birth. We will file your claim to Medicare for you, however, you will be responsible for the annual Medicare deductible, your 20% co-insurance and any charges not covered by Medicare. If you have a Medicare replacement plan, we will need that information in place of your regular Medicare card.

SELF-PAY:

Payment is expected at the time of service. We offer a 20% discount for services paid in full on the day of the visit. For charges over \$250.00 we can set up a payment plan based on individual circumstances. For payment plans, you will be required to make a deposit and make monthly payments.

NO SHOWS:

If you do not keep your appointment, and you do not call to cancel or reschedule, you will be charged a \$25.00 fee. This fee is not covered by insurance and is the patient's responsibility. You will be required to pay the fee before scheduling another appointment. After two consecutive "no-shows", you may be dismissed from our practice.

CANCELLATIONS:

We reserve the right to assess a \$25.00 fee for appointment cancellations that are less than 24 hours prior to your appointment time. Special circumstances will be taken into consideration. This fee is not covered by insurance.

FINANCIAL POLICY

REQUEST FOR RECORDS:

The state of Georgia allows us to charge for the copying of records. Fees for records requests will be assessed according to Georgia law in affect at the time of the request. Fees will apply to requests made for the purpose of obtaining life or long-term care insurance, legal issues and/or personal use. Fees will not be charged for records released to another physician's office. Payment is required before records will be released.

LETTERS AND FORMS:

You will be charged a fee for completion of forms and letters. The fees range from \$10.00 to \$30.00 depending on the complexity of the form/letter being requested. Payment is required before the form or letter will be released. For example, disability and FMLA paperwork.

AFTER HOURS CALL:

Our answering service is for emergency calls only. Medication refills and test results will be handled during office hours only.

RETURNED CHECKS:

You will be charged a \$30.00 fee, in addition to the check amount, if your check is returned for non-sufficient funds. Payment will be required in the form of cash, credit card or certified bank check.

OUTSTANDING BALANCES:

Payment of your outstanding balance is expected in a timely manner, however, we understand that medical bills are sometimes unexpected and can create hardships. Under certain circumstances, we can accept monthly payments. Please communicate with us if you are having trouble paying your balance.

COLLECTIONS:

Your account will be turned over to a collection agency after 90 days of no payments. If your account is forwarded to collections, you will be required to make payment in full before you are scheduled for current or future services. Failure to settle your account will result in a violation of your current contract with our office and you will be terminated from our services.

**We are not a South Carolina Medicaid provider; therefore any balance after your primary insurance will be your responsibility. By signing below you acknowledge that you are aware that we do not accept South Carolina Medicaid as a payment source and that you agree to be responsible for any balance due after your primary insurance.*

I have read and understand my financial obligations to Evans Gynecology.

Patient/Guarantor Name

Date