



Financial Policy

Thank you for choosing The Institute for Female Pelvic Medicine & Reconstructive Surgery as your health care provider. Please take a moment to carefully read and initial and sign our financial policy. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship.

Your insurance policy is a contract between you and your insurance company. Professional care is provided to you, our patient, and not to an insurance company. **IT IS YOUR RESPONSIBILITY TO KNOW IF YOU WILL OWE ANY DEDUCTIBLE, COINSURANCE OR COPAY which is due at the time of service or your appointment will be rescheduled.** If you have out of network benefits with your insurance, we reserve the right to pre-collect 100% of the estimated charges at the time of service.

Payment Guarantee

Patient Initials _____

If you are covered under a health plan by the “Affordable Healthcare Act” and you are within the 90-day grace period for unpaid premiums, you are responsible for all medical costs not covered by your healthcare plan.

The undersigned hereby guarantees payment of all fees and charges incurred by patient for services that may not be covered under the insurance plan of the insured. In the event that the undersigned fails to make payment as provided herein or agree to alternative payment arrangements deemed satisfactory by The Institute for Female Pelvic Medicine and Reconstructive Surgery, affirmative collection measures will be initiated. There will be a \$50.00 service fee on all returned checks.

Referrals

Patient Initials _____

Many health plans require you to obtain a referral from your primary care physician. It is **YOUR RESPONSIBILITY** to contact your primary care physician and request a referral. If we have not received your referral by noon the day before your appointment, you will be asked to reschedule. If your health plan requires a referral, **WE CANNOT PROVIDE SERVICES TO YOU WITHOUT IT.**

Laboratory Services

Patient Initials _____

All of our laboratory services are sent to Quest Diagnostics. If your insurance company requires a different facility for your laboratory services, it is **YOUR RESPONSIBILITY** to inform our Clinical Staff at the time of your laboratory services. We do not have access to any laboratory billing information. Please contact the laboratory directly regarding all billing inquiries.

Initial/Follow-up Appointments

Patient Initials _____

Please be advised that your new patient visit will consist of a consultation code as well as diagnostic testing if the Physician deems necessary. Many insurance companies will classify these tests as a “SURGERY” but they are actually just a test done in our office.

We have included the procedure codes of some possible diagnostic testing that may occur at your **initial consultation** so you may call your insurance company. Please be advised that there may be additional testing not listed below that your physician may complete at your visit.

CONSULTATION VISIT: The first visit to The Institute for Female Pelvic Medicine & Reconstructive Surgery.

UROFLOWMETRY (51741): A special commode to measure amount of urine voided and speed of flow.

BLADDER SCAN (51798): An external ultrasound of the lower abdomen to measure amount of urine in the bladder.

CYSTOURETHROSCOPY (52000): A camera device approximately the size of a catheter that is inserted into the bladder and a picture onto a TV screen to rule out any stones, tumors or cancer of the bladder.

Once you have been seen, evaluated and a treatment plan initiated by one of our physicians you will become an "establish" patient with our Institute. If you develop a clinical concern or problem, you may first be evaluated by our nurse practitioner, prior to being seen by our physicians. This arrangement allows for you to be seen sooner and extends our ability to see new patients who have been waiting a long time to have their very first visit with our physicians.

When scheduled for surgery, we will provide an estimate of your patient responsibility and it is due prior to surgery. The amount we are quoting is for our physician's services ONLY. Patients should call the facility for any questions regarding the charges they bill for the facility or anesthesia services. You will have visits without copay or charge for up to **90 days post-surgery**. If there is an issue that develops that is not related to surgery, your insurance will be billed and your copay/coinsurance and/or deductible will be collected. Our protocol is to follow our patients for one year post operatively. Visits after your post-op period are subject to your insurance benefits.

Forms Fee

Patient Initials _____

Medical leave/disability forms	\$25.00
Medical records provided to the patient	PA Dept. of Health Guidelines (per page fee)
Medical records faxed to physician	No charge

Appointment Cancellation/Rescheduling Policy

Patient Initials _____

Patients who cancel/rescheduling an office appointment less than **48 hours** (two business days) in advance, or fail to show for an appointment may be charged a fee. The following fees apply: New Patients **\$100.00**; Established Patients **\$50.00**

Patients who cancel/rescheduling an office procedure less than **three (3) business days** in advance, or fail to show for an appointment may be charged a fee of **\$200.00**

Patients who cancel/rescheduling surgical procedure less than **ten (10) business days** in advance, or fail to show for a surgical procedure may be charged a minimum fee of **\$500.00**.

If a balance on your account remains unpaid, your account may be sent to a collection agency. The patient/responsible party will then be responsible for the account balance, plus all costs of collection, including but not limited to collection fees, attorney fees, up to and including court costs.

**Any outstanding account balances must be paid, prior to the patient being seen in our offices.
We accept cash, check or credit card (MasterCard, Visa and Discover)**

**I HAVE READ AND FULLY UNDERSTAND THE INSTITUTE'S
FINANCIAL POLICY AND I AGREE TO BE BOUND BY ITS TERMS.**

Patient Name (please print)

Patient Signature

Date

**We look forward to providing you with excellent medical care.
If you have any questions about our financial policy, please contact our billing department at
610-435-9575 ext. 112.**