



FINANCIAL POLICY

Thank you for selecting Lone Star OB/GYN Associates, as your health care provider. Our staff will be pleased to discuss our fees and this policy with you at any time. Please read and sign this financial policy prior to seeing the physician. Payment for services is due at the time services are rendered. For any portion of your balance that is not covered by insurance, or for our private pay patients, we accept cash, AMEX, VISA, Discover and MasterCard.

1. We are contracted with most managed care plans and if you present your insurance card at the front desk we can file a claim on your behalf. We will follow their guidelines for submission of claims, co-pay amounts, and reimbursements. Any contractual 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. Insurance companies and employers decide what is a covered benefit and what is not. Please check your insurance plan document for any questions. Fees for services along with unmet deductibles and copayments are due at the time of treatment.
3. 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".
4. Co-payments not paid at the time of service are subject to a \$10 processing fee.
5. If your insurance company does not pay within 60 days, you will be responsible for payment.
6. Returned checks and balances older than 90 days may be subject to placement with a collection agency.
7. Occasionally a refund is due to you. We will issue a refund check after we have received payment from your insurance company.
8. Due to varied contractual arrangements between lab companies and health insurance plans, please verify that you are being directed by our office to a lab that is a participating provider with your insurance plan. Please remember your lab billing is separate from our physician's billing and you may receive a separate itemized bill from the laboratory.
9. OB patients will receive a payment contract which must be paid in full by 28 weeks gestation. Their financial responsibility is based on their unmet deductible and coinsurance.
10. Pending Medicaid patients will be responsible for the cost of all services provided prior to the initial eligibility date. Lone star will retroactively bill Medicaid for these services and refund the patient if Medicaid pays for the services.
11. Please note that all cancellations must be made at least 24 hours in advance. If you fail to cancel your appointment, you may be charged a \$50 service fee which will not be covered by your insurance plan.
12. We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems to our Patient Account Specialist so that we can assist you in your management of your account.

Again, thank you for choosing Lone Star OB/GYN Associates. We appreciate the opportunity to serve you.

Patient's Signature: _____

Date: _____