

Gynecology & Obstetrics of DeKalb P.C.

PATIENT FINANCIAL & INSURANCE POLICY

At Gynecology & Obstetrics of DeKalb, PC (GOOD), our highly trained physicians and staff are dedicated to providing you with the best possible care in a comfortable, compassionate setting. Whether you are coming in for an appointment or a procedure, the information below will help make your visit go more smoothly. Please take a moment to read it carefully. Should you have questions, any member of our staff will be glad to assist you.

Determination of Insurance Benefits:

As a patient of GOOD, the office will contact your insurance carrier to verify the coverage that you present at check-in. Unfortunately, verification of benefits does not obligate insurers to make payment on your medical claim.

GOOD participates in most health plans; however you should know the following about your specific insurance plan:

- If the physician and facility are in-network
- Your annual deductible
- Your specialist office co-pay
- If a referral is required

GOOD will file a claim to your insurance carrier for medical services rendered. GOOD is required to collect the assigned co-pay amount at check-in.

If you are scheduled to have surgery, GOOD will calculate an estimate of the charges you would be responsible to pay based on your in-network benefits after contacting your insurance carrier. This estimated payment is required prior to surgery. GOOD will file the claim with your insurance carrier. If any additional balance is owed by you, you will receive a statement after GOOD processes the insurance Explanation of Benefits (EOB).

There are instances when your insurance carrier may process your claim differently than quoted to GOOD:

- Benefit payment is less than anticipated thereby leaving you with a higher responsibility
- Claim may be denied as non-covered

GOOD extends the courtesy of benefit verification however THIS IS NOT A GUARANTEE that your insurance carrier will pay your medical claim. Your insurance carrier states that any verbal benefit they provide is NOT a guarantee of payment.

If you receive an EOB from your insurance carrier with your medical claim processed differently than you expected, please contact your insurance carrier for clarification.

There may be instances, based on diagnosis or service rendered, that your insurance carrier will not provide benefits, therefore you will be held responsible for the balance. The physicians of Gynecology & Obstetrics of DeKalb will provide services deemed medically necessary based on your diagnosis, treatment and circumstances.

Medicaid or PeachState Patients:

Pursuant to the laws that authorize Medicaid, if you have private health insurance as well as Medicaid, your claims MUST be submitted to your private insurance first with Medicaid secondary. By signing this document you affirm that all active insurance has been provided to GOOD for claim submission. If you are covered under Medicaid or PeachState and do not present all insurance coverage, you may be reported to the State for further investigation.

Missed Appointment Policy:

If you are unable to keep your appointment, please reschedule at least 24 hours in advance.

GOOD's missed appointment fees are listed below:

Office visits - \$25

Office procedure - \$75

Pre-op/Surgery - \$100

2nd cancellation - \$300

Medical Records Request Policy:

If you request a copy of your medical records due to moving, changing of physicians, second opinion, etc., there is a nominal charge. If GOOD refers you to another physician we will send them a copy of your medical records at no charge.

Patient's Reassignment and Release Statement:

By signing below, I understand GOOD's billing practices. I authorize payment of medical benefits to Gynecology & Obstetrics of DeKalb and authorize them to release any medical information necessary to process claims. I understand that I am financially responsible for any co-payments, deductibles, co-insurance and non-covered services as outlined by my health plan.

Date: _____

Patient Name: _____ (please print)

Patient Signature: _____