



## PATIENT FINANCIAL POLICY NOTIFICATION

Elite Gynecology, LLC provides comprehensive women's healthcare services at all stages of life. While it is likely most of our services are a covered benefit of your insurance plan, it is your responsibility to understand your benefits as there may be services that are not covered. For example, preconception/family planning consultations, fertility/infertility visits and related treatments, some laboratory/pathology test are not benefits of some plans. Initial: \_\_\_\_\_

In the past few years, an increasing number of patients have chosen health insurance policies with high deductibles. Monthly premiums are generally lower, but patients are responsible for paying the first \$1500-\$10,000 of medical expenses before the plan will pay anything. This is typically followed by a co-insurance responsibility (typically 10%-30%) of all subsequent charges until a pre-determined cap is reached. While these plans generally do not cover any services or prescription medications until the deductible is met, some may waive deductibles for preventative services such as annual exams, mammograms, and pap smears. Initial: \_\_\_\_\_

Most HMO and PPO plans will require a co-payment for non-preventative services. When applicable, please be prepared to pay at the time of the visit. Initial: \_\_\_\_\_

Some health plans may restrict the hospital, specialists, or laboratory you may use. The following list includes the outside providers we will work with most often. It is your responsibility to confirm the following providers are contracted with your insurance plan and inform us if your plan dictates your use of an alternate provider. To the best of our ability, we are happy to accommodate requests for referrals to providers outside this list.

- Prisma Health system
- LabCorp
- Professional Pathology Services
- Palmetto Imaging

Initial: \_\_\_\_\_

As a courtesy, we bill your insurance plan for services rendered by our providers. Occasionally, insurance claims are denied due to coding/clerical errors. In these cases, we will review the original claim, correct any errors and submit the appropriate appeal on your behalf. Claim appeals are submitted in the event of an administrative error on our part. As part of our ethical responsibility to you and your insurance carrier, we cannot submit any appeal to include procedure/diagnosis codes outside of which were performed in the service date. If any claim/appeal is denied as a non-covered service, you are financially responsible for the full cost. Initial: \_\_\_\_\_

All health plans limit the time in which we are allowed to submit claims. This “timely filing” condition varies between insurance carriers but is limited to a time period following a given service date. We make every effort to verify your insurance eligibility before your visit, but it is your responsibility to inform us of any changes in your health plan coverage. In the event your claims do not meet timely filing conditions due to your failure to make us aware of changes in your health plan, you are responsible for the full cost of services. Your health plan may offer the option of direct patient reimbursement. Please contact your carrier directly if you have questions about submitting claims directly.

Initial: \_\_\_\_\_

You understand that you are financially responsible for any services not covered by your plan.

Initial \_\_\_\_\_

. DEDUCTIBLES and CO-INSURANCE and ESTIMATES for hospital/in-office procedures:

- Balances related to unmet deductibles and estimation of co-insurance, as per the contract you have with your insurance, is to be paid at the time of service. Initial \_\_\_\_\_
- For surgical and in-office procedures, an estimation of patient responsibility will be provided to you and is to be paid in full PRIOR to services being rendered. Initial \_\_\_\_\_
- Additional balances due, if applicable, will be billed to you after the insurance carrier has processed the claim.

UN-PAID/OUTSTANDING BALANCES

- We ask that full payment is made at the time of service and prior to seeing the provider unless prior arrangements have been made through the billing office.
- If your insurance company has not paid the balance in full, you will receive a statement notifying you of the amount due.
- You may call our billing office at 803-788-5916 to set up payment arrangements if necessary. Any overdue balances may be considered for further collection activity. We offer convenient ways to pay your bill including your patient portal, via telephone, or via check. We accept all major insurance companies including VISA, MASTERCARD, AMERICAN EXPRESS, or DISCOVER.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_