

## GENESIS WOMEN'S CENTER

Armando L. Rojas, M. D., FACOG  
 Carlos A. Rodriguez, M. D.  
 Regina Epple, ARNP

Thomas R. Antony, M. D. FACOG  
 Oscar Osorio, M. D.  
 Maryann Novak, ARNP

800 Medical Court East  
 Inverness, FL 34452  
 352-726-7667

### **FINANCIAL POLICY**

As your practitioners, we are committed to providing you with the best possible medical care. In order to achieve this goal, we need your assistance and your understanding of our payment policy. Please take a moment to read and understand our payment policy.

#### **CANCELLED APPOINTMENTS & TIMELY ARRIVAL**

Patients who do not call to cancel appointments may be discharged from the practice after the third "no show". All patients are expected to arrive 15 minutes prior to their scheduled appointment unless you are a new patient in which case, we require you to arrive 30 minutes prior for an initial workup.

#### **PAYMENT FOR SERVICE IS DUE AT THE TIME SERVICES ARE RENDERED**

We accept cash, personal checks, debit cards, MasterCard and Visa. Returned checks are subject to a service charge of \$20.00 or 5% of the face value of the check, and you will lose your privilege to write checks in our office.

**BLUE CROSS/BLUE SHIELD PPC COVERAGE** Co-Payments and/or deductibles must be paid at the time of service. Because we are under contract with Blue Cross/Blue Shield, we will file your insurance. It is your responsibility to find out whether your policy covers routine, well woman annual exams.

**BLUE CROSS/BLUE SHIELD HEALTH OPTIONS** It is the responsibility of the patient to obtain proper authorization from primary physician prior to visit. Annual exams require no authorization.

**MEDICARE AND CHAMPUS** Your deductible and 20% of the allowable charges are due at the time of service. Since we are Medicare and Champus providers, we will file to these carriers.

**HEALTH ADVANTAGE, BEECHSTREET, PRINCIPAL** It is the responsibility of the patient to be sure the provider treating her is currently a "participating" provider for her plan. The contracts we hold with these carriers are always subject to change; therefore, it is the patient's responsibility to contact their insurance company's customer service representative to verify participation.

**MEDICAID** We only accept Medicaid for our obstetrical patients. It is the patient's responsibility to provide proof of eligibility at each visit. We do not accept Medically Needy or Share of Cost. MEDIPASS patients will need a referral from their primary care physician.

**OTHER INSURANCES** If your insurance is not listed above, you will be responsible for payment in full at the time of service. However, as a courtesy, we will file your insurance requesting reimbursement be sent directly to you.

### **FINANCIAL AGREEMENT**

**IMPORTANT:** Annual Visits – Please check with your insurance company to see if they pay for routine visits. This varies from one policy to another even within the same insurance company.

**IMPORTANT:** If you are due for your annual exam and Pap smear and also present a problem (abnormal bleeding, infection, pelvic pain, etc.) you may be charged for both your annual visit and the problem visit.

We will gladly discuss your proposed treatment and do our best to answer any questions relating to your insurance. You must realize, however, that: 1) Your insurance is a contract between you, your employer and the insurance company. We are not party to that contract. 2) Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover (i.e., yearly physicals).

(continued on page 2)

**IMPORTANT:** We must emphasize that as your medical care providers, our relationship and concern is with you and your health, not your insurance company. ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICES ARE RENDERED. On any balance on your account after 90 days, including those that insurance has not paid, collection action will be taken. We realize that emergencies do arise and may affect timely payment of your account. If such extreme cases do occur, please contact us promptly for assistance in the management of your account. If it becomes necessary to collect any sum due through an attorney or collection agency, the patient agrees to pay all reasonable costs of collection, including attorney's fees, whether or not suit is filed. If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help you.

I have read and understand the above financial policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_