



9195 Grant Street, Suite 410
Thornton, CO 80229
Phone: 303-280-2229(BABY)
Fax: 303-280-0765

300 Exempla Circle, Suite 470
Lafayette, CO 80026
303-665-6016
303-665-0121

6363 West 120th Avenue, Suite 300
Broomfield, CO 80020
303-460-7116
303-460-8204

www.whg-pc.com

OFFICE FINANCIAL POLICY

Thank you for choosing The Women's Health Group for your health needs. Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance about our office policies allows for a good flow of communication and enables us to achieve our goal.

Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

Insurance Plans

- It is your responsibility to keep The Women's Health Group up to date with your correct insurance information. **If the insurance company you designate is incorrect, you will be responsible for payment for the visit.**
- We must emphasize that, as your medical provider, our relationship is with you, not your insurance company. As a courtesy, we file your medical claim to your insurance at no charge.
- According to your insurance plan, you are responsible for any and all copayments, deductibles, and co-insurances. We do ask that you pay all co-pays, deductibles, and non-covered charges the day of your service.
- WHG calls and verifies benefits for surgical procedures and obstetrics. However, it is still the patient's responsibility to know their benefits and we encourage you to contact your insurance as well.
- WHG will keep a confidential credit/debit card on file with us. This information is stored in a secure system that complies with Payment Card Industry Data Security Standard. You will have the option to have balances automatically run (for your convenience) or be contacted by the Billing Department prior to running your card for unpaid balances.
- Please always feel free to contact our Billing Department with any concerns, questions, or information regarding your account.

Self-Pay

If you do not have insurance, self-pay patients will be expected to pay at the time of service. Surgical procedures and obstetrics will be discussed with the patient for payment prior to the procedure being performed.

The Women's HEALTH GROUP, P.C.



9195 Grant Street, Suite 410
 Thornton, CO 80229
 Phone: 303-280-2229(BABY)
 Fax: 303-280-0765

300 Exempla Circle, Suite 470
 Lafayette, CO 80026
 303-665-6016
 303-665-0121

6363 West 120th Avenue, Suite 300
 Broomfield, CO 80020
 303-460-7116
 303-460-8204

www.whg-pc.com

SIMPLE SOLUTIONS

I, _____ authorize The Women's Health Group, P.C. to charge my credit card for payments due including my co-pays, co-insurance, deductible, non-covered charges *and* charges billed but not paid by my insurance company within 60 days. I understand the process is:

- WHG will bill my insurance and wait for insurance to pay
- WHG will then send me 2 statements over a 60 day period (I have the option to pay however I want – check, credit card, etc.)
- If no payment is received in 60 days, WHG will attempt to contact me to arrange for payment.
- If we receive no response after mailed statements, phone calls, and/or emails, the "Patient Responsibility Amount" shown on my Explanation of Benefits (EOB), will be transferred to my credit card as listed below.

Options:

- Process my credit card automatically.
- I prefer a courtesy call (phone) _____ or (email) _____ to alert me to the processing date of the credit card.

I understand that The Women's Health Group, P.C. will submit my claims to the insurance company as a courtesy, but timely payment to my account is my responsibility.

I assign my insurance benefits to The Women's Health Group, P.C. I authorize The Women's Health Group, P.C. to maintain my credit card information on file for *SIMPLE SOLUTIONS* purposes only

 Cardholder signature

 Date

This form will be renewed annually and upon expiration of credit card

Patient Name _____	Phone: _____
Cardholder Name (Please Print) _____	
Cardholder Address (Please Print) _____	
City, State, Zip (Please Print) _____	
Circle one: Visa MasterCard Discover HSA (Health Savings Account)	
Credit Card Number _____	Exp: _____ Security Code _____

Office use only:				
Account Number _____	Date Entered _____	Approved _____	Declined _____	Initials _____

OFFICE POLICIES

After-Hour Emergencies

If you should experience a life-threatening emergency, please call 911 or go to the closest emergency room.

If you have other after-hours emergencies, you may contact the physician on-call by call our main number. This service is for emergency or potential emergency care only. Please call during regular business hours for non-urgent questions or concerns.

After-Hours Narcotics

There will be no refills of any narcotic after hours or on weekends. Please call during our regular business hours.

Late Appointment Arrival

We ask that all patients arrive at the designated time. If you do arrive late for your appointment, we may need to see other patients before we can see you. In addition, if you are more than 15 minutes late, you may be asked to reschedule.

Cancellations and No-Shows

As a courtesy to other patients, we request that you notify WHG as soon as possible if you need to change your appointment. This allows us to offer that appointment time to another patient.

We understand that sometimes unforeseen circumstances may arise on the day of your appointment. But we ask you give notice as soon as possible (24 hours if possible) if you will not be able to make your appointment.

If you have missed your appointments 3 times and have not cancelled or reschedules, you may be dismissed from our practice.

The Women's Health Group strives to offer you the very best medical care; therefore, we have implemented these policies to continue providing premium care to all of our patients.

I have read and understand the Financial/Office Policies:

Patient/Responsibility Party Signature

Date

Print Patient Name

Date of Birth