

## **Financial Policy**

As your physician, we are committed to giving you the best possible medical care. To achieve this goal, we need your assistance and understanding of our payment policy.

**Participating Insurance:** As providers we ask that the copay and deductibles (if applicable) be paid in full at the time of your visit. We accept assignment for services covered and will bill the insurance. Any balance outstanding, following payment from the insurance, will be billed to you. You are responsible to pay for services that your medical insurance plan does not cover or that they determine are not medically necessary.

**Non-Participating Insurance:** If VENUS OB-GYN does not participate with your insurance plan, you are responsible for payment of all charges associated with the services you received.

**Medicare:** We are participating Medicare providers, and will file your medical claims to Medicare for you. Services routinely not covered by Medicare (i.e., Preventive/Routine Exams) will require payment at the time of service. We also request payment for the 20% co-insurance of the allowable Medicare charges and any deductible (if applicable) that has not been met at the time of your visit.

**Financial Agreement:** We will be glad to discuss your proposed treatment and the cost of those services. If you have questions as to if your insurance will cover a medical service, we will be glad to try to find out if the plan will cover those services. HOWEVER, please be aware that your insurance is a contract between you, your employer (if applicable) and the insurance company. We are not a party to your contract. Unfortunately, not all services are covered benefits in all contracts.

We must emphasize that as your physicians, our relationship and concern is with you and your health, not with your insurance company. All charges for services are your responsibility at the time of service. Collection action will be taken for any balance on your account that is over 90 days old. We realize that emergencies do arise and may effect timely payment of your account. If such extreme cases do occur, please contact our office promptly for assistance in management of your account.

If you have any questions regarding the above or any uncertainty regarding insurance coverage or request for payment; please do not hesitate to ask. We are here to assist you.

I understand and agree to the financial policy.

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Patient/Legal Guardian Signature

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Date