

NOTICE OF OFFICE POLICIES & PRACTICES AND CONSENT

(Effective 03/15/2023)

Thank you for choosing North Texas Ob/Gyn Associates. Our primary mission is to deliver the best and most comprehensive care available while being transparent with our office policies and procedures.

If your appointment is for a WELL WOMEN'S EXAM it will be billed as such to your insurance company. Insurance companies may call this a PREVENTATIVE Care or a ROUTINE EXAM.

Due to coding laws, we MUST bill your WELL WOMEN'S EXAM as Preventative Care. If, during your visit you have ADDITIONAL CONCERNS or PROBLEMS that require a diagnosis and/or treatment, it would be considered a Problem Oriented Exam and you may incur additional office or lab charges. These charges and any from your Preventative Care Exam will be billed to your insurance company.

Almost all insurance plans now cover well exams at 100% without copay or deductible, but will not do so if problems are addressed. Well Women's Exams are important whether it is a covered benefit or not. Please take the time to make yourself familiar with your insurance benefits. Feel free to call the insurance company and ask about coverage questions you may have.

INSURANCE: We have prior arrangements with many insurance companies to accept an assignment of benefits. This means that when we bill those companies for which we have an agreement with we will only require you to pay the authorized co-pay, co-insurance, and deductible. This amount represents our best estimate based on information from your insurance carrier and payment will be due at the time of service. If you have insurance coverage with a plan for which we do not have a prior agreement, the charges for your care and treatment are due at the time of service. In the event your insurance plan determines a service to be "not covered", you will be responsible for the charges incurred. Payment is due upon receipt of a statement from our office.

Please present your insurance card at each visit. Specifically, bring to our attention any changes (new card, new group number, etc.) since your last visit. You will be responsible for any bill that was not paid by your insurance carrier due to incorrect information. If you do not have your insurance information we will still see you, however payment in full will be required at the time of service.

LABS: You should be aware that you may receive an additional bill from a separate entity/ laboratory for any testing/labs done in our office. Please note that there is a possibility that an out-of-network laboratory may be used for all or part of your services. If your insurance company requires use of a particular laboratory, you **MUST** notify your doctor's medical assistant prior to the start of your doctor's visit. Once labs leave our facility we are unable to make any changes.

PAYMENT OPTIONS: North Texas Ob-Gyn Associates accepts Cash, Visa, MasterCard, Discover or CareCredit. We offer a 25% courtesy account adjustment to all Self Pay patients who pay for their treatment on the date of service or prior to the completion of care.

North Texas Ob-Gyn Associates requires payment at the time services are rendered or prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

We understand that patient balances can be higher than expected. We offer payment plan arrangements with a signed payment agreement. North Texas Ob-Gyn Associates charges \$25 for returned checks and a 2% monthly finance charge on all outstanding patient balances over 28 days old.

For patients with insurance, we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. You understand and agree that regardless of your insurance status, you are financially responsible for the balance on your account for all professional services rendered.

A fee of \$25 may be charged for patients who no-show without 24-hour notice. If there are 3 or more no-show visits, we have the right to refuse to schedule any future appointments and you maybe asked to seek future medical care elsewhere.

Failure to disclose all health insurance you are currently enrolled in can result in claim denial and total claim balance becoming your financial responsibility. You are also giving North Texas Ob-Gyn Associates approval for any overpayment to be left on your account as a credit. Refunds will be issued upon request. If you have any questions, please do not hesitate to ask. We are here to help you get the treatment and care you want and need.

Patient, Parent or Guardian Signature	Date
Patient Name (Please Print)	Date of Birth.