

Waco Center for Women's Health
PATIENT FINANCIAL POLICY STATEMENT

The physicians and staff of Waco Center for Women's Health are here to serve your needs as our patient. It is our goal to create a pleasant experience for our patients and avoid misunderstandings regarding financial responsibilities.

OUR RESPONSIBILITY is to assist you in understanding the provisions and limits of your insurance company and to accurately file claims in a timely manner. We will verify benefits but cannot guarantee that your insurance will pay as quoted.

YOUR RESPONSIBILITY is to be knowledgeable regarding your benefits, co-pays, deductible and co-insurance amounts. It is ultimately the patient's responsibility for payment of services provided even if insurance denies the claim or does not pay as expected. Please contact your insurance company directly to verify benefits if you have questions. _____

It is the patient's responsibility to obtain referrals as required by the patient's insurance carrier. If we do not have the appropriate referral your appointment may be rescheduled. _____

You will be asked to provide your insurance card and verify your address and phone number at each visit. If your insurance changes, please notify us immediately as all insurance companies have a timely filing limit to receive claims. _____

You will be expected to pay your co-pay, co-insurance or pre-pays at each visit and prior to any surgeries or procedures. _____

If you become eligible for Medicaid at any time, we do not bill retroactively and do not refund payments already made. _____

Your signature below indicates that you have read, understood and agree to the policy. A copy is provided upon request.

Patient/Guarantor Signature

Date