

Office Policies on Standard Insurance and Managed Care

Patients are expected to show their most current insurance card at EACH visit. Failure to provide us with a current insurance card may require us to reschedule your appointment. (Because different insurers have different co-payment schedules, we can't determine your correct co-payment unless you provide us with your insurance card or provide information from your policy that specifies your co-payment.)

Payment or a co-payment is required at the time services are provided. For your convenience, we accept cash, check or credit card (MasterCard, VISA, DiscoverCard or American Express). PPO and HMO participants are responsible for obtaining any necessary referrals prior to the appointment. Even if a referral isn't required, some plans require that a patient's primary care physician (PCP) and OB-GYN physician belong to the same group or a select network of providers such as an IPA. **Please note: The OB/GYN Group of Austin is not a member of the following IPAs:** ARIA, PIPA, ARC. If your PCP is affiliated with one of these IPAs, you may need to see a doctor within that group, unless you elect to change your PCP to an independent provider.

Payment for unauthorized services and non-covered services will remain the patient's responsibility. Tissue reports and special lab tests may be billed to you from the reference lab to which they were sent. You must inform your doctor's nurse if your insurance plan requires you to use specific ancillary facilities for lab work and x-rays, etc. Failure to do so may result in charges to you that your insurance company may not cover.

We will file insurance claims with PPOs and HMOs with whom we are contracted for your hospital related care and for office visits. A copy of your insurance card will be required. Again, it is your responsibility to know your plan's requirements. After insurance payments and contractual adjustments have been applied, remaining balances will be your responsibility. It will be your responsibility to respond as quickly as possible to any correspondence from your insurance company requesting additional information from you to process your claim.

Special financial arrangements to pay out balances may be made in our Business Office for maternity and surgical services after verification of coverage. To take advantage of this service, you must furnish us with your *complete* insurance information, including any secondary coverage that may be needed for coordination of benefits between two or more plans.

It will remain your responsibility to provide notification to your insurance company according to your specific plan guidelines. If notification is not timely, any resulting uncovered charges will be your responsibility.

I have read and understand the Office Policies as stated above and I agree to accept responsibility as described. I will notify you immediately of any changes to my insurance coverage or status. I will promptly provide you with any changes of address or telephone numbers.

Signed: _____ SS# _____ Date: _____