

**WELCOME TO
BOOJUM OBSTETRICS & GYNECOLOGY**

We are committed to providing you with the best possible care. In order to help make your experiences with us as pleasant and easy as possible, the following explanation regarding insurance, payments and visits has been prepared. If you have any questions, please don't hesitate to ask.

If your insurance is contracted with our physicians as health care providers, we will bill your insurance for you. If your insurance is not contracted, it is your responsibility to bill your insurance company. Please be aware that not all services are "covered benefits" in all plans. For example, some insurance plans do not cover routine physical examinations, depression, smoking cessation, etc. ***It is the patient's responsibility to verify their benefits with their insurance carrier.***

We will allow 60 days for your insurance company to pay, after which time, unpaid charges are your responsibility. This applies to all accounts, PPO's and indemnity plans. You are responsible for deductibles, percentages, and/or co-pay amounts ***at the time of your visits.*** Co-pays will be collected prior to the visit; computed amounts will be collected after the visit when the totals can be calculated. If an account becomes past due more than 60 days, written notice will be sent to the responsible party (guarantor) at which time payment is expected in full. We will gladly work out a payment plan if your circumstances require that you need an extended time to pay. An account past due 90 days or more and payment plans that are not kept current may be subject to collection.

Any patient, who is a minor child, must be accompanied by their legal guardian. The adult accompanying the minor patient is required to pay in accordance with our policies.

Please advise us if you change your address, telephone number, place of employment or insurance coverage.

There is a \$20 charge for all NSF returned checks. The NSF check must be redeemed with certified funds (cashier's check, money order, certified check, or cash) in the amount of the check plus the return fee.

We make every effort to schedule our patients for the time period they prefer. A missed appointment may prevent us from scheduling care for those in need of treatment. Therefore, if you need to cancel your appointment, PLEASE contact this office 24 hours or more in advance of your appointment so we have an opportunity to schedule another patient in that time period. We want you to be seen as close to your appointment time as possible. Patients who "walk in" will be expected to wait for an opening in the schedule to be worked in.

If you need a prescription refilled, please call your pharmacy 24 hours before you need it. The pharmacy will contact us. We make every effort to respond the same day, however, sometimes that is not always possible. So please remember to call your pharmacy 24 hours in advance.

We will attempt to return phone calls as soon as schedule permits. The doctor's assistant will relay your phone message to the doctor. The doctor will decide the urgency associated with the call. The assistant may return your call with instructions from the doctor.

Thank you for taking the time to read this policy. We hope it answers any questions you may have. If you have more to ask, please feel free to do so. ***WE ARE HERE TO HELP!***

Responsible Party Signature: _____

For (Patient): _____

Date: _____