

**SHARP & STONE OB/GYN, P.Cc**  
**Financial Responsibility Agreement**

- ❖ **CO-PAYMENTS:** Co-payments are required at the time of service.
- ❖ **BALANCES:** Balances must be paid in full before seeing the physician.
- ❖ **FMLA/DISABILITY FORMS:** There is a minimal **\$5.00 fee** for form completion. This fee is not reimbursed by your insurance, and payment is required prior to completion. Once completed, it is our policy to not fax these forms. However, you may pick them up or we will be happy to mail them to you.
- ❖ **NON-COMPLIANCE IN KEEPING APPOINTMENTS:** There is a **\$25.00 fee** for appointments that are not kept.
- ❖ **ANNUAL EXAMS:** The annual/preventative medicine exam fee is covered by insurance. However, please note that lab work or other ancillary services associated with this visit may not be paid by your insurance and you will be asked to pay at the time of service.
- ❖ **OBSTETRICAL SERVICES:** Our staff will contact your insurance company to determine what they will pay towards your delivery. If your insurance will not pay for your obstetrical care/delivery in full, or if you do not have insurance, we will let you know the amount owed. We will work with you on payment arrangements; however, we require the amount be paid in full by your 24<sup>th</sup> week of pregnancy.
- ❖ **PAYMENT FOR SURGICAL SERVICES:** Our staff will contact your insurance company to determine what they will pay towards your surgical procedure. You will be responsible for any deductibles, co-payments, or remaining balance. Payment in full is required three days prior to your scheduled surgery date. If payment is made less than three days prior to surgery please be prepared to pay by cash or credit card.
- ❖ **REFERRALS:** If your insurance requires you to have a referral from a primary care physician, it must be obtained prior to seeing one of our physicians. It is the patient's responsibility to obtain the referral from the insurance company. If we have not received the referral, payment in full is required at the time of service or your appointment may need to be rescheduled.
- ❖ Because there are numerous insurance policy contracts, each one being different, it is our policy that the patient be knowledgeable of their contract and benefits with their insurance policy.
- ❖ Your physician may order blood work, pap smear, urine culture, etc. in order to diagnose your condition. Our practice utilizes outside laboratories and pathologists to process these specimens. We will forward your information, including insurance, so that a claim can be filed. However, please keep in mind that you may receive a bill from these providers for these services.

Due to the increase cost for billing, patient's failure to fulfill their financial obligations, and other changes in healthcare regulations, it is necessary for our office to implement the above policies. If you have any questions or concerns regarding these policies, you may contact our Practice Administrator.

I fully understand my financial responsibility for services rendered at Sharp & Stone OB/GYN, P.C. and understand that failure to comply with these policies will result in having to reschedule any appointments until I am able to fulfill my responsibility.

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Signature of Patient, or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient, or Responsible Party