

SHARP & STONE OB/GYN, P.C.

Financial Responsibility Agreement

- ❖ **CO-PAYMENTS:** Co-payments are **required** before services rendered.
- ❖ **BALANCES:** All balances must be paid in full before seeing the physician.
- ❖ **FMLA/DISABILITY FORMS:** Eff: **3-1-07** our office will be charging a \$5.00 fee for filling these forms out. This charge is not reimbursed by your insurance. Payment can either be made at the time forms are dropped off or picked up. These forms can not be mailed or faxed.
- ❖ **NO SHOWS:** Eff: **3-1-07** our office will be charging a **\$25.00** Fee for appointments not kept.
- ❖ **ANNUAL EXAMS:** Some insurance plans do not cover visits for routine yearly exams. These exams are considered well/preventative care visits.
- ❖ **OB PATIENTS:** If your insurance does not pay for your obstetrical care in full or if you do not have insurance you will receive a letter from us explaining the amount owed. This amount must be paid in full by your 24th week of pregnancy.
- ❖ **SURGICAL PAYMENTS:** If your insurance does not pay in full for surgical procedures, you are expected to pay those charges in full 3 days prior to your scheduled surgery date. Only cash or credit card is accepted if payment is made less than 3 days prior to surgery.
- ❖ **REFERRALS:** If your insurance requires for you to have a referral from a primary care physician, they must be obtained prior to seeing Dr. Sharp, Dr. Stone or Dr. Goolsby. 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.

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 can fulfill my responsibility.

Signature of Patient or Responsible Party

Date

Printed Name of Patient or Responsible Party