



RIVERWALK OB/GYN, P.L.L.C.
www.riverwalk-obgyn.com

Patient Financial Policy

Thank you for choosing us for your medical care. We are committed to providing you with the best medical care possible. The following outlines our financial payment policies. Please read over it carefully, ask us any questions, and sign it. We'll be glad to give you a copy for your records.

1. **Insurance:** We participate in most insurance plans. Please note that if you are not insured by an insurance plan that we accept, payment in full is required at each visit. Also, if you are insured by a plan we are contracted with, but your benefits cannot be verified before your visit, payment in full for each visit is required until we can verify your coverage. Once your eligibility has been determined by your insurance plan or Medicaid, a full refund will be returned to you
2. **Co-payment and Deductibles payment:** The patient or their guarantor is responsible for payment for services provided to them by a Riverwalk OB-GYN physician. All co-payments and deductibles must be paid at the time of service when rendered by the physician. This arrangement is part of our contractual written agreement with the insurance company (to include federal agencies), Because of this, your co-pay cannot be waived.
3. **Non-covered Services:** For a variety of reasons, some or all the services you receive may not be a covered benefit by your insurance plan. You are responsible for payment in full for any of these non-covered services at the time of the visit. We also ask Medicare eligible patients to sign an Advance Beneficiary Notice (ABN) for services which may not be covered.
4. **Personal Information:** All patients when signing in at the front desk are required to fill out a personal information form before seeing their physician. In addition, we ask that you provide us your driver's license and your current insurance cards (primary and secondary, if applicable) so that a copy of both documents can be made and then filed in your chart. We know that personal information sometimes changes: telephone numbers, last name, home/or mailing address or even insurance plans. This is why our receptionist verifies your information at every visit. It is one reason that we ask you to come in 15-20 minutes prior to your appointment time. We thank you in advance for being patient with us during this necessary process.
5. **Claims Submission:** We will process a claim to you insurance company quickly so it can be paid with minimal delay. Your insurance company may need you to supply certain information directly to us. We ask for your help in getting the required information. A member of our business office may call you for more information to process your claim.
6. **Missed Appointments:** Our current policy is not to charge for missing your scheduled appointment. However, you should call our receptionist (within 24 hours) and cancel your appointment or as soon as you know that you cannot make it. Your courteous action will allow us to place another patient in your appointment slot who may be seeking urgent medical care. Frequent or recurrent missed appointments compromises care and may result in dismissal from our practice.



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7. Returned Checks: A \$30.00 fee for non-sufficient funds (NSF) will be charged on all returned checks. You will be sent a letter from our practice informing you that your check resulted in NSF. If you do not respond within 14 days to this notice, it will be reported to the District Attorney's Office for further action.

8. Delinquent Accounts: Patients whose account balances are older than 45 days are considered delinquent. They may be referred to a collection agency for additional action and/or subject to additional fees.

I have read all of the information above and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. In the event my insurance company is billed, I authorize payment of medical benefits to be paid directly to Riverwalk OB-GYN, P.L.L.C. A photocopy of this agreement shall be considered as effective and valid as the original copy.

In the event any lawsuit or action is brought to collect this account or any portion thereof, I agree to pay a reasonable sum for attorney's fees in addition to costs and disbursements provided by statute.

Please contact the Business Office if you have any questions at (210) 225-5100. Again, thank you for trusting us for your medical care.

I have read and understand the payment policy and agree to abide by it.

Print Patient Name

Signature of patient or responsible party

Date