



Billing and Collection Policies

Each health insurance company has its own requirements & benefits. It is not possible for our office to be familiar with each program's provisions, therefore our billing & collection guidelines are detailed below:

It is your responsibility to verify this office's participation with your particular plan/program

IF YOU HAVE INSURANCE IN WHICH WE DO NOT PARTICIPATE:

Professional services rendered are charged to the patient not to your insurance company. Payment is expected at the time the services are rendered. We accept cash, checks and credit cards. Your insurance company should reimburse you for your payments.

You will receive a "Patient Statement" or "Encounter Form" at the time of your visit. Please attach this form to a completed insurance form which you obtain from your insurance carrier and submit to the insurance carrier according to their directions.

IF YOU HAVE A MANAGED CARE PLAN IN WHICH WE PARTICIPATE:

Present your Insurance Card at the reception desk. Notify us immediately of any insurance changes. You are responsible to advise this office of your program's requirements in advance, each and every time we provide a service. We will do our best to comply with any reasonable requirements of your program. We will bill your company directly for our services. You are responsible to provide us with current & accurate insurance information. You are responsible for fees incurred if we do not have your correct insurance information at the time of the service. Any charges which are the patient's responsibility are subject to an 18 % interest if balance is more than 30 days past due. You understand that you will be responsible for payment of any services rendered by HVPC/Park Avenue MFM/Lescale MFM that are denied on the basis of: NOT covered by the program, NOT considered medically necessary, or failure on your part to obtain appropriate referral.

COPAYS MUST BE PAID AT THE TIME OF THE VISIT. FAILURE TO DO SO WILL RESULT IN AN ADDITIONAL \$10.00 CHARGE

If your insurance carrier requires you to register with any expecting mother's program, the claim will be denied if you or your general OB/GYN office fails to enroll you in such program. If the claim is denied for this or similar reasons, you will be held responsible for the cost for the services rendered.

Many insurance companies limit the number of ultrasound examinations they cover during pregnancy, or may require pre-certification. If you have exceeded the limit set by your insurance company, you will be responsible for the charges not covered. Your doctor's office is responsible for any pre-certification. Please contact your doctor's office to initiate the pre-certification of services.

If your account is placed in collection for failure to pay any outstanding balance, you will be responsible for any collection and/or litigation charges. There is a \$20.00 charge associated with checks not honored by your bank.

Patient's Signature: _____ Date: _____

Print Name: _____