

## Kirkland Gynecology Office Billing Policy

Thank you for trusting us to be your Gynecology providers. We appreciate the opportunity to serve you. We are concerned about the ever rising cost of health care and are dedicated to holding down costs to our patients. Our staff is committed to your successful treatment and well being.

Please read the following financial policy and information carefully and sign at the bottom of the page prior to treatment. If you have any questions please ask the receptionist for clarification.

1. You are responsible for payment of services you receive in our office. Please understand that your medical insurance is a contract between you and your insurance company. You are responsible for any unpaid balance.
2. There are many insurance carriers and plans in place today and they change often. It is your responsibility to know your plan benefits including co-pay amounts, deductibles and what are covered and non-covered services. Services rendered are billed following the established guidelines of the insurance carriers and are in accordance with all federal and state government programs. Additional co-pays or deductibles applied by your insurance company are your responsibility.
3. If you have insurance coverage, please give your current insurance card(s), to the receptionist. We will gladly bill your insurance company with the appropriate charges and diagnosis codes. If your insurance carrier does not pay for the services, please do not ask us to change codes. We follow strict coding guidelines by the American Medical Association as well as those established and covered by federal and state programs.
4. Your co-pay is due at the time of visit. We accept cash, check, Visa, and Master card. We will provide a receipt for payments. Please retain a copy of your receipt for your records.
5. Without insurance coverage, or with insurance that excludes your provider as a preferred provider in the network, you will be considered self pay and your balance will be collected in full at time of service.

Patient/Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_