

FINANCIAL POLICY FORM – GREENWICH VILLAGE GYN, P. C.

Thank you for choosing Greenwich Village GYN, P.C. as your health care provider. We are committed to your treatment being successful. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, policies or your responsibilities. **Carefully review the following information and return this form to us with your signature and today’s date.**

INSURANCE COVERAGE

It is the patient’s responsibility to be aware of your insurance coverage, policy provisions, exclusions and limitations as well as authorization requirements. It is also patient’s responsibility to provide the office with most current insurance information. You are responsible for notifying us of any changes in your insurance coverage. If current information is not obtained at the time of service, it will become the patient’s responsibility to pay until current information is provided to the office.

Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your claims for you. However, we will not become involved in disputes between you and your insurance carrier. This includes, but not limited to, deductibles, co-payments, non-covered charges and “usual and customary” charges. We will supply information as necessary. You are ultimately responsible for the timely payment of your account.

CO-PAYMENTS AND DEDUCTIBLES

Co-payments are your responsibility. You will be expected to pay your co-payment for each and every date of service. You will be also asked to make a payment on any balance you may have from previous services. You are also responsible for your deductibles. It is determined by your individual contract with your insurance carrier. We do not have information about each person’s deductible amount, and how much of that has been met.

UN-PAID BALANCES

We require that full payment be made at the time of service. If your insurance company has not paid the balance in full, you will receive a statement notifying you of the amount due. You are responsible for payment in full upon receipt of statement. Any overdue balances may be considered for further collection activity if not paid. If your account is turned over to Collection Agency you will be discharged from the practice. At that time a 30% agency fee will be added to your account balance.

NON-COVERED SERVICES

All patients are responsible if their insurance carrier denies payment for services rendered because they were “non-covered services”. To avoid this, please check with your insurance carrier prior to receiving any treatment.

I have read and agree with Greenwich Village GYN, P.C. Financial Policy.

NAME (PLEASE PRINT)

____ / ____ / ____
DATE OF BIRTH

PATIENT/RESPONSIBLE PARTY SIGNATURE

____ / ____ / ____
DATE