

Northpointe

Obstetrics & Gynecology, P.C.

Competent, compassionate health care for women.

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Financial Policy

PAYMENT & FEES – Payment for your care is due at the time provided. The only exception to this policy is if we are contracted with your health insurance plan (see insurance below). The fee for an office visit will range from \$90.00 to \$300.00. If you have a pap smear, lab work or other services, there will be additional charges. Cash, Check, MasterCard, Visa, Discover, and Americana Express are acceptable payment methods. We charge a \$35.00 service fee for any returned check.

APPOINTMENT NO SHOW – If for any reason you are unable to attend your scheduled appointment, please call our office prior to the appointment time. We charge a \$25.00 fee for failure to reschedule or cancel your appointment.

INSURANCE – You are required to present your insurance card at the time of your appointment. We will file a claim for your services, if we are contracted with your health insurance plan. Please, verify in advance that the physician you have chosen to see is contract with your plan. Any co-payment, co-insurance, and/or deductible is due at the time of service. Please be prepared to pay this amount. A co-payment is normally a fixed dollar amount per office visit, identified on your insurance card typically. Co-insurance is a percentage of the bill that is the patient's responsibility. A deductible is a fixed dollar amount that must be paid before the insurance will begin to pay. Again, if you do not have your current insurance identification card or other acceptable proof of insurance, your visit will be considered private pay and you will be responsible for full payment at the time of service.

It is, at all times, your responsibility to follow up on all requests from your insurance company regarding claims and to question any unpaid insurance claims. If you do not receive an explanation of benefits from your insurance within 60 days of your visit, please call them. After insurance has processed your claim, you will be billed for any remaining balance or in full for non-covered services. This amount is due upon receiving your statement. Your insurance makes the final determination regarding payment at the time the claim is processed.

WELLNESS BENEFITS - A wellness, annual or preventative exam is defined as a visit without complaints. If you have insurance, our office will file your claim to reflect this. Should your visit include a problem that requires treatment, you may also be charged an additional office visit for the problem addressed, along with the charge for the preventative visit. Please be familiar with your insurance benefits before seeing the doctor. Our office will not change a diagnosis after the claim has been filed. If you have any questions, please feel free to talk with our insurance department (810)984-2052.

REFERRAL - If your insurance plan requires a referral, it is your responsibility to request the referral from your primary care physician to be sent to our office. Failure to obtain a referral when required can result in reduced benefits or non-payment by your insurance company, making you responsible for payment of the visit.

OB PATIENTS - At the time of your pre-natal nurse visit, you will receive a letter from our Patient Representative who will review our OB fees and prepare a payment plan based on the maternity benefits provided by your plan. You are required to present your insurance identification card at the time of this visit. If you do not have insurance, or your plan does not include maternity benefits, a deposit will be required. In all cases, payment of the patient portion is due in full by the beginning of the 8th month of pregnancy.

MEDICAID WAIVER

Medicaid will only pay for services that they deem “necessary” and that are filed in a timely manner. If for any reason Medicaid does not pay your charges due to your lack of benefit knowledge or the correct procedures are not followed, you as the patient are responsible for all charges.

Your signature is required to insure that you are aware of your responsibilities. This is an agreement that you are willing to pay any charges that Medicaid denies.

If for any reason you do not present to the office with your Medicaid card before your scheduled appointment with the physician you will be asked to reschedule or you will be considered self-pay for the duration of care.

Patient Signature

Date

Witness

Date

TRICARE WAIVER

Tricare will only pay for services that it determines to be “reasonable and necessary” under 32CFR of the Congressional Federal Register Part 199, dated June 1, 1993-Final Rule. This law further states that even Tricare non-providers can only charge 115% of the Tricare allowable, unless the patient signs a waiver stating that they are aware of the 115% limit and the patient agrees to pay the additional amount.

Your signature is required each time that you are seen in our office. This will assure that you as the patient are completely aware that you are responsible for any amount that Tricare does not pay, even if our amount exceeds 115% of the Tricare allowable.

Patient Signature

Date

Witness

Date