WESTERN
Gynecological + Obstetrical Clinic
Total Women's Health Care

Western Gyn/Ob
12842 S 3600 W Suite 200
Riverton UT, 84065

Office: 801-285-4800
Fax: 801-285-4801
westerngynob.com

WESTERN OB/GYN PAYMENT POLICY

Western OB/GYN strives to ensure a clear understanding of your financial responsibility with respect to the medical services we provide. These policies apply to all procedures and departments.

Co-Pays
We require payment of co-pays at the time of service, and reserve the right to refuse treatment.

No Insurance
If you have no insurance, we collect half of your initial office visit, and equal payments on a recurring payment plan until paid in full. (Note: there may be additional charges to your office visit if any diagnostic testing, labs, or in office procedures are performed).

Insurance Verification
Before receiving any medical services, it is ultimately your responsibility to consult your health insurance plan to verify provider and hospital participation. referral and authorization requirements, and benefits including limitations and exclusions.

Payments
We accept cash, Visa, MasterCard, Discover and American Express. We also accept payment by check and debit cards. Western OB/GYN will send patients accounts to collections for balances not paid after receipt of three statements unless you make payment arrangements with our billing office. We reserve the right to require payment for services to be made at or before the time of service.

Outstanding balances
We may refuse to see patients with balances over $250, and who are not making regular payments on the balance. in the event that your account is placed for collection. A collection fee will be added to your account, along with any attorney fees and/ or court costs that may be necessary for recovery of the outstanding balance. In the event of an NSF check, there will be a $30 NSF charge added to the balance due.

Regular appointments
We reserve the right to charge a “no show" fee to patient's accounts in the amount of $50.00 if you do not contact our office with a 24 hour advance notice that you cannot make your scheduled appointment.

Claim Filing
We happily file your claim with your insurance company as a courtesy. Please keep in mind that payment remains your responsibility. We do not enter disputes over insurance benefits. We bill insurance in accordance with all federal, state and other contractual requirements in cases where we have an agreement or we are a participating provider. We expect payment in full from you if your insurance company delays processing of your claim for over 60 days. You agree to pay any portion of the charges not covered by insurance. If your insurance company sends payments directly to you, send or drop-off the payment to Western OB/GYN, and we will apply it to your account.

Preauthorization
Most insurance companies require preauthorization before you have a surgical procedure. Failure to obtain preauthorization may result in your insurance company refusing to pay your claim. Any refusal of payment by insurance for this reason is your responsibility.

Referrals
If you see a doctor that is out of network or if you use an insurance company that requires a referral, you are responsible for obtaining it from your primary care clinic or physician. Failure to obtain it may result in a lower payment or no payment from the insurance company or no benefits from your insurance company and you will be responsible for payment.

Surgery
Upon request, the Surgery Coordinator will explain a cost estimate, which shows your financial responsibility, based on the benefit levels and coverage of your insurance plan. The amount of which depends on your coverage and deductible amount.

Forms/FMLA/Medical Records
We may bill $10 for forms or letters that a provider completes on your behalf. We charge a $25 copy fee for medical records requested for personal use.

ATTESTATION STATEMENT

I have read, understand, and agree to the above Western OB/GYN Payment Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility. l acknowledge that these policies do not obligate Western OB/GYN to extend credit.

l authorize my insurance benefits be paid directly to Western OB/GYN.

I authorize Western OB/GYN to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

Print Name of Patient:	Patient ID:
Signature:	Date: