



Atlanta Women's Healthcare Specialists, LLC

275 Collier Road, NW Atlanta, Georgia 30309

*Atlanta Women's
Healthcare Specialists*

Compassionate. Supportive. Collaborative.

Patient Name: _____

Date of Birth: _____

PRACTICE & FINANCIAL POLICY

Atlanta Women's Healthcare Specialists (AWHS) providers are committed to meeting your health care needs! We are pleased that you have chosen us. Listed below are our practice and financial policies. If you have any questions, please discuss them with our financial team.

Patient Responsibility and Authorization

1. All co-payments are due at the time of visit, payable by credit or debit card. Postdated checks and cash are not accepted.
2. Estimated co-insurance and unmet deductibles are due prior to surgeries, procedures, obstetrics care and delivery, and other such services. Once benefits are verified and my estimated financial responsibility calculated, I will be notified of the payment amount and due date.
3. I am responsible for payment of charges for services I receive from AWHS office. As a convenience, this practice will submit claims for reimbursement with my insurance provider; however, all payment responsibility is ultimately mine. I acknowledge that any estimates given for known out-of-network services are done in good faith but are estimates only and may not be the final amount due.
4. In accordance with my insurance member handbook, it is my responsibility to provide accurate insurance information and to present my insurance ID card at the time of my visit. If I do not have insurance or do not present a valid insurance card, I will be responsible for payment at the time of service. AWHS may provide me with a copy of the AWHS billing form so that I can obtain reimbursement from my insurance company.
5. It is my responsibility to ensure that AWHS physicians are in my insurance network.
6. If my plan requires a referral, it is my responsibility to obtain this prior to being seen by my provider.
7. It is my responsibility to notify the office of any changes to my mailing address, phone number(s), email, and insurance information.
8. Failure to divulge or misrepresent all active insurance policies to the practice will result in the full charge amount being my responsibility and could result in dismissal from the practice.
9. Cancellations for office appointments and procedures must be received at least 24 hours prior to the scheduled appointment. Cancellations for scheduled surgery must be received at least 5 days prior to the scheduled surgery date and time. Failure to cancel an appointment may result in a fee as described below.
10. Payment is due for rendered services 7 days from receipt of the billing statement. Unpaid previous balances must be paid in full prior to any additional visit unless arrangements have been made with the practice and/or billing office.
11. I agree to provide the practice and/or its designated payment agent with my debit/credit card for services rendered at the time of service.
12. If warranted, this practice may offer the option of paying my share of costs via an automated payment plan.
13. **I understand that my signature and payment information will be maintained on file digitally for payment plan arrangements with the practice. The applicable payment card or check information will be truncated & "tokenized" by the payment agent in order to help maintain the security of my payment information. Credit Card or check information will be obtained through a card swipe, manual entry, voided check, or orally in person or over the phone.** I authorize AWHS and/or its designated payment agent to apply charges to my payment card and/or ACH account for all amounts owed to the practice for medical visits, procedures or supplies, medical record requests, including (i) amounts agreed as part of a payment plan, (ii) copays, (iii) coinsurance, (iv) amounts not covered by insurance and/or (v) fees (if applicable) charged by the practice for failure to keep a scheduled appointment or provide timely notice of appointment cancellation, returned check fee, or fees from external collections agencies as applicable.

14. In the case of a patient balance that is not satisfied by a charge to my payment method or a payment plan, I may receive monthly statements for any outstanding balance. I am responsible for paying this balance by its due date in order to avoid paying interest on the balance.
15. Transaction receipts will be maintained in the patient file or will be emailed to me if I provide and maintain a valid email address.
16. I authorize AWHs and/or its designated provider to send electronic account statements and invoices to my email address on file. **I understand that it is my responsibility to maintain a current email address on file and that I will not receive a mailed copy of any electronic statement. I understand that I may receive an electronic payment reminder to the email address on file in addition to my electronic or paper statement.**
17. I authorize Atlanta Women's Healthcare Specialists to communicate with me via cellular telephone, text message, and/or email address regarding my financial responsibility, appointment status/confirmation, electronic check-in, or other similar reason related to my relationship with this practice.

This authorization will remain in effect until I provide written notice of cancellation to the practice. Authorization for services already rendered cannot be cancelled or refunded. I agree to notify the practice in writing of any changes in my payment or other information.

My signature authorizes Atlanta Women's Healthcare Specialists, LLC, to file insurance claims on my behalf to Medicare or other insurance plans and for payments of any benefits due under my insurance plan to be made to Atlanta Women's Healthcare Specialists, LLC, when insurance is filed on my behalf.

Fees

1. The returned check fee is \$30.00.
2. Patients who fail to keep and fail to cancel a scheduled appointment at least 24 hours in advance may be charged a \$50.00 No Show Fee.
3. There will be an additional charge of 20% of the balance owed for any past due balance that is submitted to an outside agency for collections. This fee will be charged to the patient by AWHs directly.
4. There is a \$500.00 cancellation fee for scheduled surgeries that are cancelled less than 5 business days from the date and time of surgery unless cancellation is due to insurance denial or medical necessity. For scheduled surgeries that are cancelled more than 5 business days from the date and time of surgery, a one-time courtesy will be provided. Following the one-time courtesy, a \$500 cancellation/reschedule fee will apply for each subsequent cancellation or reschedule.
5. There is a \$35.00 fee per completed form. This includes FMLA, disability, letters for insurance authorizations, letters for schools/employers, any other administrative service not covered by insurance, and any other form or letter requiring manual completion. Please see below for the alternate Obstetrics Administrative Fee, which covers all forms during a pregnancy and is optional.
6. There may be a form up to \$15.00 per form for computer-generated forms, such as flexible spending account statements/claim forms, patient account print outs, payment histories, paid-in-full statements, insurance appeal letters, etc.
7. Forms requiring completion within 1 business day may be charged a \$30.00 rush fee.
8. Medical records requests must be received in writing at least 72 hours prior to the date needed. Fees for medical records are set in accordance with allowable amounts as defined by the State of Georgia. Fees must be received prior to record delivery. Company policy does not allow for medical records to be faxed to patients. Patients can access medical records via the web portal, email, or pick up in person.

When a physician treats you via telephone after hours it is for emergencies only. Therefore, for routine problems that require history, diagnosis and treatment (i.e., calling a prescription or refill into a pharmacy), the provider **may** bill a telehealth phone-only or audio/visual appointment, as appropriate, which will be billed to the insurance on file (if applicable) and all patient responsibility or self-pay responsibility will apply.

When scheduled for a wellness visit, please be aware that if additional items are identified and managed during the visit (new symptoms, problems, worsening of chronic conditions, need for new diagnostic workup and management, etc) additional patient financial responsibility may apply. Your insurance company may not cover that portion of your visit under your wellness benefits, as these additional services are considered evaluation and management services that may apply to your deductible, coinsurance, copay, or out-of-pocket, as indicated by your insurance company.

Patient and Visitor Code of Conduct Policy

To ensure our practice locations are safe, caring, and inclusive, all patients, staff, and visitors must adhere to our Patient and Visitor Code of Conduct, which includes the following:

- Everyone will be treated with kindness, dignity, and respect. Offensive comments about race, religion, gender, sexual orientation, or personal traits are not acceptable, and neither is the refusal to see a clinician or associate based on these traits.
- All patients and visitors will use respectful, appropriate language and behavior. Physical or verbal threats or assaults, suggestive or explicit words, phrases, gestures, or actions will not be tolerated.
- All patients and visitors will respect patient privacy and avoid disrupting other patients' care or experiences.
- All patients and visitors must obtain the consent of everyone involved for any photographing or video/audio recording within all hospitals and patient care locations.
- Firearms or other weapons are not permissible at any Atlanta Women's Healthcare Specialists location, unless required for active duty which must be disclosed to the front desk upon arrival.

If these guidelines are not followed:

- Patients may be asked to leave and make other plans for their non-emergent immediate care.
- Visitors may be asked to leave and could be restricted from future visitation.

Every day, our physicians and staff are committed to providing the highest levels of care to our patients. Thank you for showing them the respect they deserve and that you expect and deserve in return as a patient or visitor.

Thank you for choosing Atlanta Women's Healthcare Specialists, LLC and joining us in our commitment to ensuring a safe, caring, and inclusive environment for all.

By my signature below, I acknowledge that I have read and understand this Practice & Financial Policy.

Patient Signature _____ **Date** _____