

# Patient Financial Agreement

Please read the following information closely. If you have any questions, please ask. We want to ensure that you completely understand our financial policies.

1. Doylestown Women's Health Center (DWHC) participates with Medicare, Medicaid and many commercial insurances. It is your responsibility to check with your plan to make sure we are in network. While DWHC may have an agreement with your insurance, it is also your responsibility to know what your plan covers. By contract, covered charges will be paid directly to DWHC. Any applicable co-insurance payments and/or deductibles are due at the time of service. Failure to make the appropriate co-payment at the time of your office visit may result in the re-scheduling of your medical appointment.
2. When an account balance becomes your responsibility, the balance is due upon receipt of the first account statement from DWHC. If any part of the account balance becomes delinquent, then the account balance may be forwarded to an outside agency for collection. A \$35 returned check fee may be assessed for non-sufficient funds.
3. If you make an appointment for a wellness visit/physical only and your doctor treats you for an illness or counsels you regarding a medical condition during the visit, there could be a separate co-payment that is your responsibility.
4. Payment is due in full at the time of visit for all patients without health insurance and/or patients that have a health plan we are not contracted with.
5. During your appointment, your provider may order additional medical services, such as laboratory tests, which will need to be sent out of the clinic to be processed. In this case, you may receive a separate bill from an external company, which will be your responsibility.
6. During your appointment, your provider may order ultrasounds, or other imaging, to be performed in office or at a facility. This does not guarantee coverage or payment by your insurance company. It is your responsibility to check with your insurance about coverage, and you will be responsible for any balances from these tests.
7. Patients 65 years of age, or older, routine annual exams are only covered once every 24 months. If you come in prior to the 24 month date, you will be considered a self pay patient and be responsible for the full amount of the visit.

**I understand that it is my responsibility to know what the terms of my insurance are, and in compliance with those terms, agree to the following:**

I will pay all applicable co-pays and outstanding balances as they become due.

I assign medical benefits paid by my insurance carrier(s) to DWHC, for application to my bill. I acknowledge that I will be billed for charges not covered under my insurance policy.

I hereby authorize DWHC to furnish the insurance company, payors or their representatives, any and all information required to process my claims, which may include treatment/testing for HIV-related conditions.

I have read and understand DWHC's financial agreement and I agree to be bound by its terms. I understand that my refusal to sign this form will be interpreted as my decision to cease receiving medical care with DWHC.

\_\_\_\_\_  
Patient Signature (or responsible party, if patient is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Print Responsible Party Name (if different from patient)