



**SABRINA HARRISON, M.D., P.C.**

## DETERMINING YOUR FINANCIAL RESPONSIBILITY

### **CO PAYS**

All co-payments and past due balances are due and payable at the time of service.

### **NON-PARTICIPATING INSURANCE PLANS**

The financial obligations of the patients, who are insured by carriers that our practice does not participate with, are considered as a self-pay account. The insurance company will be billed as a non-assigned claim as a courtesy to the patient, with the patient paying our office the amount in full. The insurance company will reimburse the patient on a no assigned claim. If our office receives payment for a no assigned claim, the patient will receive a refund from our office within 90 days.

### **PATIENT REFUND**

The following criteria must be met prior to issuing a patient refund. There are no outstanding insurance claims on the patients account, and there are no outstanding patient balances on the account. Refunds will be issued once all outstanding claims have been paid.

### **SURGICAL PROCEDURES**

The patient will be charged a fee of \$300.00 in the event that a surgical procedure that has been scheduled for the patient is cancelled **without** 72 business hour notice.

### **INSURANCE WAIVER NOTICE**

Our office bills your primary insurance company as a **courtesy**. Regardless of what type of insurance plan you may have, your medical bill is ultimately **your responsibility**. Therefore, any service that is performed or lab work ordered becomes the responsibility of the patient if it is not covered by your insurance company. You will be responsible for all charges related to your office visit if your insurance coverage is not active the date services are rendered.

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### DISABILITY FORMS/ RECORDS

There is a \$35 charge for all disability/FMLA/ and any additional forms that need to be filled out. The charge for requested medical records is solely based on the size of the patients chart, and ranges from \$35-\$50. We hope that you do understand that all requests for medical records will take approximately 5-7 business days.

### **Things to remember:**

- Bring a copy of your **current insurance card** to office visits.
- Be prepared to pay any co-pays, co-insurance or deductibles at the time service is rendered.
- You will receive a **separate bill for any lab work** ordered.
- In the event of a returned check, there is a \$35 fee as well as any additional charges that occur as a consequence to the insufficient check.

*I have read and understand the policy as well as my financial obligations for services rendered by Sovereign Women's Healthcare. I agree to accept financial responsibility for the services.*

Signature \_\_\_\_\_ Date \_\_\_\_\_