



University Women's HealthCare

University Women's HealthCare
401 East Chestnut Street, Suite 410, Louisville, KY 40202
Appointments 502-271-5999, Laboratory 502-271-5995
Fax 502-271-5994

Patient Payment Policy

Thank you for choosing our medical practice. We are committed to provide the best possible medical care. The following information is provided to avoid any confusion regarding payment for professional medical services. Please sign below that you have read and agree to this policy.

Contracted Insurance Policy

If an insurance company with whom we have a contractual agreement insures you, you will be responsible for your co-payment and/or any deductible or non-covered services at the time the service is rendered.

Non-Contracted Insurance Policy

If any insurance company with whom we do not have a contractual agreement insures you, you will be responsible for payment in full at the time service is rendered. ***This includes a \$25.00 service fee for completion of Disability and FMLA forms.***

Minors of Divorced Parent

The parent(s)/guardian accompanying the patient is/are responsible for payment at the time service is rendered.

Payment Policy

Payment for service is due in full at the time of service.

- We accept cash, check, Visa, MasterCard and Discover
- All fees are based on the type of service provided for your care and related services.
- If the patient is a minor (18 years and younger), the parent or guardian is responsible for payment of the account, in accordance with the policies outlined above.
- For elective or uncovered surgical services, all co-payments and deductibles are due prior to your surgery.
- If your account is more than 60 days overdue, it will be referred to an outside collection agency. This is a last resort and done reluctantly, after we have exhausted efforts for voluntary payment. Collection and Court cost will be added to the patient's account should this become necessary.
- ***In the event you cancel any services that were scheduled, and a deposit was issued via credit card, you will be charged a one-half percent (1/2%) administrative fee of the refunded amount, which will be automatically deducted.***

Referrals

It is your responsibility to bring any required referrals for treatment at, or prior to, the time of your visit. If you do not have a referral, your visit could be ***rescheduled***, or you may be financially responsible.

Other providers i.e. Anesthesiologists, radiologists, pathologists, and hospitals who may provide care to you during the time you are under the care of one of the University Women's HealthCare Providers, it is the PATIENT'S responsibility to ensure that these other providers are participating providers with your insurance carrier.

Acknowledgement and Authorization

I have read, understand, and agree to the above Patient Policy. I understand that charges not covered by my insurance company, as well as co-payments and deductibles, are my responsibility to pay at the time services are rendered.

I authorize my insurance benefits to be paid directly to University Women's HealthCare.

I authorize University Women's HealthCare to release any medical or other information to my insurance company when requested.

Signature

Date

It is your responsibility to let us know of any insurance changes. If we do not have your current insurance information, then payment is expected at the time service is rendered.



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Reproductive Endocrinology and Infertility Patients

If you are being seen for infertility care, it is essential that you bring a copy of your insurance policy plan's documentation of benefits. You may obtain this from either your policy manual or from your insurance company's website. If you know that you do not have infertility benefits, sign the bottom of this form and bring it with you to your consultation.

Verification of Insurance Exclusion of Benefits

I am aware that I do not have infertility benefits paid by my insurance company and that fees for care and services related to infertility will be my responsibility. I understand that payment will be due prior to or at the time that the services are rendered.

Patient

Date