

## **Patient Payment Responsibility Agreement**

Thank you for choosing Lovitt Gynecology as your provider. We are committed to providing you with quality and individualized health care. Listed below are our **FINANCIAL POLICIES**. If you have any questions, please discuss them with a member of our team.

### **Patient Responsibility:**

1. All co-payments are due at the time of your visit. This is a requirement of your insurance company specific to your policy and must be collected, by law, prior to your appointment.
2. Co-insurance and unmet deductibles are due prior to scheduled office visits, procedures, or surgeries. We will assist you in verifying your benefits (see Fees below). Once your financial responsibility has been calculated, you will be notified of the payment amount and due date for payment. **WE STRONGLY RECOMMEND YOU TO BECOME FAMILIAR WITH YOUR BENEFITS AND VERIFY COVERAGE** in addition to what our office does.
3. Even if an insurance company states they will pay for a service, they also state that **IT IS NOT A GUARENTEE OF PAYMENT**. You are ultimately responsible for payment of charges for services you receive from our office, including payment for "non-covered" services.
4. In accordance with your insurance member handbook, it is your responsibility to provide accurate insurance information and to present your insurance ID card at the time of your visit. If you do not have a valid insurance card you will be responsible for full payment at the time of service. We must keep a copy of your insurance card, front & back on file for our billing company to properly file your claim for you.
5. It is your responsibility to confirm that Shelly Lovitt, MD is in your insurance network. Every insurance company has multiple policies and the current trend is toward "narrow networks", i.e. having only a very few providers be "in-network" for certain policies.  
*If we are not "in-network" we will still be able to see you and will require payment in full at the time of service and will provide you with a copy of our billing form so that you can obtain reimbursement from your insurance company. We will help you determine if you have "out of network" benefits.*
6. It is your responsibility to provide us with an accurate phone & address contact information and to update us with any changes of your identifying information.

### **Fees:**

1. Returned Checks - If a payment is made on an account by check and the check is returned as Non-Sufficient Funds (NSF), Account Closed (AC), or Refer to Maker, the patient or the patient's responsible party will be responsible for the original check amount in addition to a \$35.00 service charge.
2. There will be an additional charge of 25% of the balance owed for any past due balance that is submitted to an outside agency for collections.
3. Patients who do not give us 24 hours notice of cancellation for a scheduled appointment may be charged a \$50.00 "No Show" fee. This is not assessed for an occasional cancellation but for the patient who repeatedly does not call to cancel or reschedule.
4. 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 Colorado Dept of Public Health & Environment (CDPHE) and must be received prior to record delivery. No more than 10 pages may be faxed.
5. When a physician treats you via telephone after hours it is for medical emergencies only. Therefore, for routine problems that require history, diagnosis, and treatment (i.e. call a prescription or refill into a pharmacy), the provider may bill a \$50 service fee. There are no charges for calls related to surgery, procedures, or emergent medical issues.

As you are probably aware, the practice and financing of health care is undergoing significant change. With increased regulation and required documentation by insurance companies, a small practice must choose between closing, becoming employed, or seeing high volumes of patients (30 - 40 patients/day) to remain viable. We do not believe one can provide quality care in 15 minutes. We are committed to our longer appointment times and the personal services we provide. However, we must change our financial policies to reflect the changing economics insurance companies provide.

**Administrative Services:**

The Administrative Service Fee covers administrative services such as, but not limited to:

- forms completion for family medical leave and disability
- letters for insurance authorizations for brand or non-formulary drugs
- letter for employers, school, health clubs
- insurance verification of benefits for an individual policy
- and other administrative items not covered by insurance

\_\_\_\_\_(Initial)      **I will pay a \$20 fee for each administrative service I request**

My signature authorizes Lovitt Gynecology to file insurance claims on my behalf to insurance plans and for payments of any benefits due under my insurance plan to be made to Lovitt Gynecology when insurance is filed on my behalf.

By my signature below, I acknowledge that I understand and accept the terms of this financial policy.

I understand that Lovitt Gynecology requests a credit card be kept on file to be used only for payment on my account. By my signature below, I authorize payment with this card for balances due. Lovitt Gynecology will inform me prior to charges on my card. This form will be kept in paper form and will be kept in a secure location.

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

**Payment Information/Credit Card Authorization:**

Please provide your credit/debit card information:

Card type:    Visa    MasterCard    Card number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expires: \_\_\_\_\_ Security code: \_\_\_\_\_ (3 digits on back of card)

Cardholder's billing address:

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_