



GROS VENTRE OB/GYN, LLP
Obstetrics, Gynecology & Infertility

FINANCIAL AGREEMENT & APPOINTMENT POLICY

Gros Ventre OB/GYN requires all patients to have a method of payment on file with our office. Credit cards, debit cards, HSA cards are all acceptable forms of payment. Services will not be rendered without prior payment arrangements. As a courtesy, Gros Ventre OB/GYN will submit your charges to the insurance policy you supply our office with, however, payment is never guaranteed by your insurance company until after charges are submitted and reviewed. All deductibles, co-pays and co-insurances are due at time of service.

Print Name

Signature (patient or guardian)

Date

Cancellation of an Appointment

If it is necessary to cancel or reschedule your appointment we request that you call 24-hours in advance to avoid a \$50 cancellation fee. Late cancellations (*appointments cancelled less than 24 hours*) will be billed a \$50 cancellation fee.

No Show Policy

A fee of \$50.00 will be billed to the patients' account.

Returned Check Fee

Gros Ventre OB/Gyn has a \$25 returned check fee.

Appointment Times

If you are over 15 minutes late for your appointment, we may have to reschedule you to a different day and time. Due to the nature of our practice, we may not be able to accommodate late arrivals based on availability of providers, equipment and/or surrounding appointments.

Fees, Billing & Insurance

Fees vary according to the type of appointment and services. You are responsible for all fees for services delivered, although other persons or insurance companies may make payments on your account. **This includes amounts that your insurance company deems above the usual and customary amounts. Each insurance company determines their usual and customary rates under their own terms. Our fees are within the normal limits for the Jackson area. Therefore all usual and customary amounts will be billed to you.**

Interest Fees

Gros Ventre OB/GYN, LLP charges a 1.25% monthly interest fee to all outstanding balances over 90 (ninety) days old.

Collection Agency

Gros Ventre OB/GYN, LLP reserves the right to turn your account balance over to a collection agency. In this instance, you will need to contact the collection agency directly for billing and payment information.

I hereby authorize Gros Ventre OB/GYN, LLP to release information acquired during the course of examination and treatment to Health Care Financing Administration and its agents or any other third party carrier, as necessary, to ensure payment of any benefits due. I understand I am responsible for all charges regardless of insurance status as well as any associated costs for collection should such action become necessary. I agree that this authorization shall be valid until rescinded in writing or replaced by one of a later date. A photocopy of this assignment shall be considered as valid as the original. I have read the above and fully understand the terms thereof.

Print Name

Signature (patient or guardian)

Date