



Financial Policy

Thank you for choosing Kennesaw Gynecology for your gynecology care. We are committed to your medical care. We require you to read and sign this prior to treatment.

Our providers participate with most insurance companies. Every plan is different, so please check with your insurance if you have specific payment or coverage questions. Our financial department attempts to verify our benefits prior to your appointment; however, this is not always possible. **It is your responsibility to know what your plan covers.** Your co-pay, co-insurance, and deductibles are due at the time of service. For those insurance companies we participate with, we will submit claims on your behalf. Your insurance policy is a contract between you and your insurance carrier. Be aware that we, when filing claims, will release billing information to your insurance company. We cannot guarantee payment, nor make excessive effort to collect payments from the insurance company. **The patient/guarantor is ultimately responsible for payment in full of charges for services rendered.** Balances over 90 days will be placed in collections and your care with our office will be terminated. If you are unable to settle your account, contact our financial office.

We realize that sometimes people have financial difficulty, and our Business Office will work with you to ensure you receive needed medical care. If you do not have insurance coverage, we will go over the estimated cost for your appointment. Payment in full is expected at time of service.

Payments may be made with Cash, Check, Visa, American Express, Mastercard, Discover, and Care Credit. There will be \$35.00 charge added to your account for any checks that are returned by your bank.

Patients are seen by appointment only. We understand that your time is as valuable as ours. We REQUIRE that you arrive 15 minutes prior to your appointment. Be assured that every effort is made to honor your appointment time. Due to the nature of our specialty, there may be delays when we have unexpected surgeries. We will try to keep patients informed of delays and will give the option of rescheduling. **Arriving 15 minutes late for your appointment will result in a cancellation, and your appointment will have to be rescheduled. Additionally, this will be classified as a "no-show" and the related "no-show" charges will be applied.**

A 24-cancellation is required for all appointment. Patients who fail to cancel their appointments will be charged as follows: New Patients: \$100, Existing Patients: \$75, Office Procedures: \$250, Ultrasounds: \$150

Calls placed to the emergency line after hours may be subject to a \$35 fee.

Administrative fee of \$10 per page up to a max of \$50 will be charged for completing disability forms, FMLA, life insurance, letters and any other additional correspondence. These may take up to 7 days for completion.

One copy of your records is provided at no charge. A \$35 administrative fee will be assessed after the 1st copy.



You will personally be responsible for this charge. Future appointments will not be scheduled until this fee is paid. Missing more than three appointments without proper notification may result in discharge from the practice.

You are encouraged to have prescriptions refilled at the time of your visit. We generally give you at least enough medication until your next visit. Should you need a refill between visits, please call your pharmacy. Prescription refills are only given during office hours (Mon-Fri 8:00-4:30). We generally complete refill request within 24 hours; however, some may take up to 48 hours. Request made after 4 pm may not be ready until the next day. Request received on Friday, may not be ready until Monday. Please do not call after hours for routine medication refills.

SURGICAL POLICY

PREOPERATIVE DEPOSIT:

Kennesaw Gynecology is privileged to provide treatment for our patients. We know you consider many factors in scheduling the timing of your surgery, including the expenses you will incur with the procedure. As a medical practice and business, we must do the same. Therefore, we want you to be aware of our preoperative policy regarding your benefits. Approximately two weeks before surgery, we will verify your insurance benefits and will call you to specify the amount of the presurgical deposit. If you have a policy with a deductible and/or coinsurance, the preoperative deposit is due ten (10) days before surgery. This deposit is required to proceed with surgery. The surgery will be cancelled if the fee is not received in our office 10 days before surgery. This deposit is our best estimate of what you will owe for your surgery; however, this is never a guarantee of what your full payment is to the practice. Upon final processing of the surgical claim, your insurance company will send you an Explanation of Benefits. If anything, further is owed, you will receive a statement from us. If a refund is due to you, we will promptly send you a check.

CANCELLATION AND RESCHEDULING POLICY:

It is important that when you schedule your surgery/procedure you have thoroughly checked your personal calendar to make sure that the scheduled date is ideal for you. Our staff accommodates the needs of patients to schedule surgery in a timely fashion. This requires careful planning and coordination between our office, the surgical facilities, and other medical specialist(s) who may be involved in your care such as the anesthesiologist and other surgical technicians. The cancellation of a scheduled surgery results in failure to serve other patients as well as disruptions in schedules for other healthcare professionals and the operating room. In addition, special medical instrumentation may have been arranged for some procedures. Therefore, please understand the importance of respecting our 10-business day surgery cancellation policy. Cancellations of surgical procedures made within 10 days of the scheduled date will be assessed an \$800 anesthesia cancellation fee as well as an O.R Facility fee of \$500. These fees are not billable to insurance or reimbursable and must be paid to Kennesaw Gynecology before we can schedule any further appointments or procedures. If you are requesting a refund of your surgery deposit and are within the 10-day period, you will receive your refund MINUS the cancellation fee.



NO SHOW SURGICAL POLICY

If you do not show up for a scheduled surgery/procedure you will be charged the FULL amount of your surgery cost. We thank you in advance for your cooperation and understanding of the surgical process and its related costs.

I UNDERSTAND AND AGREE TO THE ABOVE TERMS.

PLEASE READ & UNDERSTAND BELOW ADDITIONAL CHARGES MAY APPLY

Additional Problems Discussed During Visit

What is included in your well-women/annual exam is confined to the services listed below.

- Medical History
- Measurement of Height and Weight
- Measurement of Blood Pressure
- Performance of Breast Exam
- Performance of a Pap Test (With HPV probe if age appropriate)
- Hemoglobin Check
- Medication Refills

Any problem or complaint referenced during your visit that falls outside of the well-woman/annual exam parameters will be coded appropriately.

If an abnormality is encountered or a pre-existing problem is addressed in the process of performing a Well Woman Exam and requires additional time, ordering of tests, or diagnostic studies, it will be coded and billed as an additional visit and may require a co-pay or deductible at check out.

Your expectation should be that additional charges from your insurer will apply.

Pathology/Lab Work Needed During Visit

If during your well-women/annual exam the need to call for pathology or lab work arises, additional charges will likely apply.

Insurance companies handle the payment for pathology and lab work differently.

Your expectations should be that additional charges from your insurer will apply.

I understand that additional charges may apply for additional services performed.

******It is the responsibility of the patient to know what their insurer will or will not cover ******



PLEASE READ & UNDERSTAND BELOW ADDITIONAL CHARGES MAY APPLY

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What is included in your well-women/annual exam is confined to the services listed a below.

- Medical History
- Measurement of Height and Weight
- Measurement of Blood Pressure
- Performance of Breast Exam
- Performance of a Pap Test (With HPV probe if age appropriate)
- Hemoglobin Check
- Urinalysis
- Medication Refills

Any problem or complaint referenced during your visit that falls outside of the well-woman/annual exam parameters will be coded appropriately.

If an abnormality is encountered or a pre-existing problem is addressed in the process of performing a Well Woman Exam and requires additional time, ordering of tests, or diagnostic studies, it will be coded and billed as an additional visit and may require a co-pay or deductible at check out.

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Your expectations should be that additional charges from your insurer will apply.

By signing below, you acknowledge your understanding that additional charges may apply.

I understand that additional charges may apply for additional services performed.

Patient Name: _____

Signature: _____

Date: _____

*******It is the responsibility of the patient to know what their insurer will or will not cover *******