



FINANCIAL POLICY

We would like to thank you for choosing May Grant OB/GYN as your healthcare provider. MAY GRANT OB/GYN is committed to providing you with the best possible medical care. We must emphasize that as an OB/GYN practice, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are strictly your responsibility from the date services are rendered. Therefore, it is often necessary for you to inquire and explore your benefits directly with your insurance carrier. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact our Billing Department for assistance in the management of your account.

We will gladly try to answer any questions relating to your insurance, but insurance plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered. **You must realize, however, that your insurance is a contract between you, your employer (possibly), and the insurance company.** As such, you are responsible to know what laboratory or facility where any ancillary tests are to be performed. It is important that as questions arise you contact your insurance company directly for final guidance and clarification.

We are sure that you understand that payment for this healthcare is your responsibility. The following information outlines your financial responsibilities related to payment for professional services:

IF WE DO PARTICIPATE WITH YOUR INSURANCE COMPANY, all services performed in our office and at the hospital will be submitted to your insurance. All co-pays are due at time of service. Deductibles and co-insurances are your responsibility; it is the right of MAY GRANT OB/GYN to require that your patient responsibility amount be paid prior to services. Any remaining patient responsibility that is billed to you by our office must be paid upon receipt of the statement. HMO insurances may require referrals for services. **It is your responsibility to obtain** the referral prior to the time of the service.

CHANGE OF INSURANCE COVERAGE If your insurance changes, you must notify our office immediately. MAY GRANT OB/GYN will only go back 60 days to bill out services to new insurances. If your insurance is retroactive beyond those 60 days or you fail to notify us of the new coverage, then you will be responsible for those balances.

IF WE DO NOT PARTICIPATE WITH YOUR INSURANCE COMPANY, we will bill your insurance carrier as a courtesy, but we will not accept payment from them as payment in full for services performed. All insurance carriers have a schedule of fees from which they will pay; however, the doctor's fee may be more than what the insurance company shows on their schedule. Therefore, any balances not covered by the insurance company become your responsibility and will be billed to you by our office. Payment of these billed services must be paid upon receipt of the statement.

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION I hereby assign and grant to MAY GRANT OB/GYN all rights and interests to which I may be entitled under any insurance policy, Medicare or any other fund or third-party payment plan responsible for payment of my benefits.

I hereby authorize MAY GRANT OB/GYN to release all information, including all or any part of my medical records (including confidential HIV information, mental health records, drug and alcohol treatment records, or sexual abuse or assault counseling records), to my insurance company, employer (worker's compensation only), Medicare, Medicaid, or any other fund or third-party payor which may be responsible for payment of my benefits.

