

**WOMEN'S HEALTH & WELLNESS**  
**FINANCIAL POLICY**

Thank you for using us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

All patients must complete our information and insurance form before seeing any of the health care providers.

**WE DO NOT FILE ANY SECONDARY INSURANCES**

**FULL PAYMENT IS DUE AT THE TIME OF SERVICE**

**WE ACCEPT CASH, CHECKS VISA AND MASTERCARD**

Regarding insurance:

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. However, the balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your correct insurance information. We will need a copy of your insurance card each time you have a visit. Without your insurance card, the visit will need to be paid in full at the time of service. We do not retro- file to your insurance company after the appointment date. Please be aware that some, and perhaps all of the services provided, may be considered non- covered services by your insurance company.

Regarding insurance plans, where we are a participating provider, all co-pays, co-insurances and deductibles are due prior to treatment. In the event that your insurance coverage changes to a plan we are not participating in, payment is due prior to treatment.

In the event it becomes necessary to turn a delinquent account over to an outside collection agency for recovery, we will charge an additional delinquent billing fee of \$75.00.

**ANY BALANCE NOT PAID WITHIN SIXTY DAYS OF THE FIRST BILL WILL BE CHARGED 2% PER MONTH UNTIL THE BALANCE IS PAID IN FULL.**

**THE PATIENT WILL BE RESPONSIBLE FOR A \$25.00 FEE IF APPOINTMENT IS NOT CANCELLED WITHIN 2 DAYS PRIOR TO APPOINTMENT.**

Signature patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**MINOR PATIENTS:**

(Parents please note): Even though parents of minors are responsible financially, minor patients have a right to complete confidentiality in our office and are protected by Louisiana law. We cannot speak to any parent without written consent from the patient.

(Please note): If any of the physicians consult in a hospital setting, these patients are still financially responsible and will follow the same policies as our established patients.