

Shaw Center for Women's Health Financial Policy

We would like to thank you for choosing Shaw Center for Women's Health as your healthcare provider. Shaw Center for Women's Health is committed to providing you with the best possible medical care. We are sure you understand that payment for this healthcare is your responsibility. The following information outlines your financial responsibilities related to payment for professional services.

General Insurance Policy: As a convenience to you, our Insurance Staff will file a claim on your behalf provided we have your current insurance policy information available. However, it is impossible for our staff to determine your coverage and payment levels, since each insurance company offers many options as part of their health care coverage package.

Our staff cannot guarantee that your insurance carrier will pay all or even part of your claim. Your insurance policy is a contract between you and your insurance carrier. Ultimately, the patient is responsible for their Shaw Center for Women's Health charges. Patients should resolve disputed coverage issues directly with their insurer or employer. It is the patient's responsibility to know the details of their insurance contract and if Shaw Center for Women's Health is a network provider for their particular plan.

When your insurance company processes your claim they will provide you with an Explanation of Benefits (EOB). This EOB will explain what the insurance company has agreed to pay and what your responsibility is to pay. If you have questions in regards to their payment you must contact them.

Co-Payments: Without exception, it is the responsibility of the patient to pay his/her co-payment and any unpaid portion of the deductible at the time of service. Any additional co-payments, deductibles and/or co-insurance will be billed to the patient as indicated by your insurance carrier on their Explanation of Benefits (EOB). Your insurance company will mail you an EOB outlining the services rendered and the portion of the bill which is your responsibility. All patients without insurance must pay in full at the time services are rendered. For your convenience we accept cash, checks or the following credit cards: Visa, MasterCard, Discover, American Express and Care Credit. Returned checks will incur a \$30.00 fee.

Non-Covered And Out Of Network Services: Not all insurance plans cover all services. In the event your insurance plan determines a service to be "non-covered" you will be responsible for the complete charge. Medical services that are considered by your insurance company to be non-covered, out of network, or not medically necessary will be your responsibility.

Denied Claims: Our billing agent will not become involved in any disputes between you and your insurance company. Any denials regarding non-covered charges, coordination of benefit issues, eligibility issues, pre-existing conditions or any other matter, which causes the claim to be denied, will be patient responsibility and payment will be expected immediately.

For Our Patients with No Medical Insurance: If you do not have group or individual medical insurance, payment for all professional services is expected at the time of your visit. Please note, we do offer discounted fees for patients without health insurance. In the event of a financial hardship a payment arrangement may be reached in the form of a bank draft or reoccurring credit card payment. Please contact our billing office at 229-226-8800 to inquire about this service.

Late Arrivals: A patient who arrives more than 15 minutes after his/her appointment is considered a late arrival. A late arrival appointment will be rescheduled and a \$50.00 fee will be charged.

Appointment No-Shows: Any patient who fails to arrive for a scheduled appointment without cancelling the appointment at least 24 hours prior to the scheduled time is considered a "no-show". A no-show patient may be charged \$100.00, as set by the Practice, for failure to show. Cancelling an appointment in less than 24 hours will result in a \$50.00 late cancellation fee. A patient who fails to present themselves two times for scheduled appointments is considered a chronic no-show. A patient who is a no-show three times may be dismissed from the Practice.

Delinquent Balance Appointment: Patients with a delinquent balance are required to make payment in full for future services. A delinquent account is defined as a patient balance in excess of 90 days if the patient has not made any payments or sought assistance via financial hardship during this time. If such payment is not made, services may be refused.

Nonpayment: All patient responsible balances that remain delinquent after 90 days, with no response to our requests for payment, may be referred to a collection agency. Please be aware that if a balance remains unpaid, you and/or your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physicians will only be able to treat you on an emergency basis.