

Central Obstetrics and Gynecology Chart# _____

PLEASE PRESENT YOUR INSURANCE CARD WITH A FORM OF ID TO THE RECEPTIONIST SO WE MAY HELP YOU WITH YOUR CLAIM.

GENERAL FINANCIAL POLICY

We hope this financial policy overview will be informative and helpful to you. We believe you are entitled to an explanation of your financial obligation when Central Obstetrics & Gynecology has the honor of providing your care. This is an essential element of your care and treatment. We are dedicated to providing the best possible care and service to you.

We participate with many insurance companies, including the standard Medicare. Although we attempt to stay informed about various insurance company requirements, it is impossible for us to keep up with continuous changes in every particular insurance companies relating to referrals, deductibles, co-payments, co-insurance, etc. We also ask that you confirm with your insurance carriers that Central Obstetrics & Gynecology is part of your insurance network. In-network means that a contract exists between your insurance carriers and Central Obstetrics & Gynecology which allows us to provide your care. When seen in-network, the cost of your care is less than if you are seen out-of-network (when Central Obstetrics & Gynecology does not have a contract with your insurance carrier). If we do not participate with your insurance carrier, as a courtesy we will still file your insurance claims for you. However, if the insurance payment is sent directly to you, you are responsible for forwarding the payment to Central Obstetrics & Gynecology, unless you previously paid the bill in full.

Each time you visit Central Obstetrics & Gynecology, you will be given a statement of the services performed and a receipt for any money you paid. We will send a claim to your insurance carrier for you. After your insurance company processes your claim, we will send a billing statement if you have any remaining balance due on your account. Upon receipt of this statement, we ask that you make payment in full in a timely manner. For your convenience, we accept cash, check, VISA, MasterCard, Discover, and American Express. Credit card payment may be made by mail or by calling our office with the appropriate information.

If you are ever unable to pay your bill in full, we ask that you call our Billing Department immediately to establish a payment plan. Our billing staff will work with you to meet your obligations. We appreciate your being straightforward and keeping us informed of your ability to make payments on your account.

The bank charges Central Obstetrics & Gynecology a fee if your check is returned for insufficient funds. Therefore, for each returned check, an additional service fee will be added to your balance due.

Our goal is to always assist you with you billing concerns and help you to maintain a good credit rating. However, if your account becomes delinquent or you refuse to accept responsibility for services provided to you by Central Obstetrics & Gynecology, we will be forced to turn your account over to a collection agency.

If you have any questions regarding this financial policy, please contact our billing department or ask any of our staff members for assistance. We will be happy to answer any questions and discuss any concerns that you might have.

I acknowledge having read and understand the above General Financial Policy.

I authorize Central Obstetrics & Gynecology to release any information required to process my claim.

Out of pocket Expenses: The following services are not covered by insurance:

Missed appointment (cancelled in less than 24 hours)	\$10.00
Returned check	\$30.00
Medical Records Request (no charge to requesting physician)	\$25.00
Disability and other forms (after the initial form)	\$25 per packet

(Print Patient Name)

(Date)

(Signature of Patient/ Legal Guardian)

7141 MOON ROAD, SUITE B
COLUMBUS GEORGIA 31909

Is the address listed on the previous page your billing address? _____

If not, please note billing address: _____

ADDITIONAL INFORMATION IF PATIENT IS A CHILD OR MINOR

Child's Mother: _____

Last First MI

Address: _____

Street

City State Zip Code

Home Phone (____) _____ Work (____) _____ Cellular (____) _____

(Please circle best number to reach you during the day)

E-Mail Address: _____ Sex: M F

Date of Birth: ____/____/____ Age: _____ Social Security #: ____/____/____

Employer: _____

Occupation: _____

Child's Father: _____

Last First MI

Address: _____

Street

City State Zip Code

Home Phone (____) _____ Work (____) _____ Cellular (____) _____

(Please circle best number to reach you during the day)

E-Mail Address: _____ Sex: M F

Date of Birth: ____/____/____ Age: _____ Social Security #: ____/____/____

Employer: _____

Occupation: _____

Are Parents Married? ____ Yes ____ No Are Parents Separated? ____ Yes ____ No

Who is financially responsible for this child? _____

Relationship: _____ Address (if different than parents) _____

Central Obstetrics and Gynecology Chart# _____

City _____ State _____ Zip _____ Phone# _____

Insurance Information:

Who is the insurance coverage thru? _____