



Acct #: _____ Dr.#: _____

LOUISIANA WOMEN'S
Healthcare Associates

FINANCIAL POLICY

The physicians of Louisiana Women's Healthcare Associates (LWHA) are committed to providing the highest quality medical care. To ensure our ability to do so, we have established the following financial policy. This information is provided to prevent misunderstanding concerning payment for professional services.

- **Insurance Card and Driver's License:** LWHA participates with a variety of insurance plans. It is your responsibility to bring your current insurance card and driver's license to every visit to ensure we have the correct filing information. Eligibility for coverage by health insurance plans is not guaranteed until a claim is submitted. If it is determined that you are not eligible for coverage, you will be required to pay in full for all services rendered.
- **Payment Due at Time of Service:** You are required to pay any primary insurance co-payments, deductibles, and/or coinsurance at every appointment. LWHA accepts cash, checks, Visa, Master Card, Discover, and American Express.
- **Self-pay Patients:** are required to pay in full for services rendered at the time of service. If you are unable to pay in full, you must make payment arrangements with a Patient Accounts staff member prior to your appointment.
- **Non-Participating Provider / Secondary Insurance:** As a courtesy, LWHA will file claims to health insurance plans with whom we are not participating providers, however, payment is due in full by the patient at the time of service. LWHA does not assume responsibility for secondary insurance coverage. We will file initially to the secondary carrier as a courtesy, however once filed, you are immediately responsible for the outstanding balance (excluding Medicare or Medicaid), as well as any necessary follow-up on these claims.
- **Referrals:** You are responsible for obtaining any required referrals for treatment. If you do not have the necessary referral prior to your appointment, your visit may be rescheduled or you may be financially responsible.
- **Patient Statements:** will be generated once the outstanding balance is deemed your responsibility. Statements are sent to the guarantor listed on the account. LWHA cannot send more than one statement to multiple addresses in cases of divorce or custody settlements. Regardless of the involved parties, the guarantor will be held financially responsible for the account, and will be held to all components of this financial policy. Statements are generated weekly based on the first letter of the guarantor's last name. A guarantor can expect a statement from our office between 5 and 20 days from the time the balance becomes your responsibility. The guarantor is required to pay any outstanding balance indicated on the patient statement in the "Pay This Amount" box within 30 days of the statement's date. Failure to pay outstanding balances within 30 days will result in the generation of a second statement. If the second statement is not paid in full, or payment arrangements are not made within 30 days of the statement date, the account will be transferred to a collection agency where more rigorous collection efforts will be made, including credit agency reporting. Once transferred to a collection agency, it will be the physician's discretion to permit the patient's return to this office. Appointments will not be made for patients until notification is received from the collection agency that the outstanding balance has been paid in full.
- **Refunds of Overpayments:** will be made monthly, approximately 20 days from the time that the refund request is approved. If there are any other outstanding charges on the account or another account with the same guarantor, the credit will remain on the account until all outstanding charges are paid. Health department regulations prohibit refunds on purchases of any retail items such as cosmetics and maternity products.
- **NSF Checks / Pre- or Post-Dated Checks:** Checks returned for insufficient funds (NSF) will incur a \$25 charge, and the check will automatically be redeposited. If the check is returned a second time, another \$25 service charge, plus the face amount of the check will be charged back to the patient's account, and will be due immediately in an alternate form of payment. LWHA cannot accept pre- or post-dated checks.
- **Care of a Minor:** If the patient is a minor (18 years and younger), a parent/guardian must sign below. The parent, guardian or unaccompanied minor is responsible for any payment due at the time of service, as well as presenting all required referral and insurance information. Proof of full-time student status for dependents ages 18-25 is required in advance of any surgical or obstetrical procedure.

Our practice firmly believes that a positive physician/patient relationship is based upon understanding and good communication. We believe that adherence to this financial policy will further promote this relationship. **Please sign that you have read, understand, and accept the terms of LWHA's Financial Policy.**

Signature of Patient/Legal Guardian

Date