



Parkside Women's Centre
For all the seasons of your life...

Client Financial Policy

This document serves as a guide to help clarify your role & responsibility both as a health care consumer & active client of Parkside Women's Centre. Thank you for choosing us for your medical care.

1. **Assignment of Benefits:** As Parkside Women's Centre is a contracted provider with various Preferred Provider Organizations (PPO's) we will file the necessary forms for you and accept payment directly from your health plan. Your signature allows us to directly bill for services rendered on your behalf. Please note that we will file your insurance as a courtesy, any balances unpaid by your insurance is your responsibility.
2. **Co-Payments/Collections:** The portion of healthcare cost for which you are financially responsible is expected to be paid in full at the time of service. As required by your plan, we will collect all co-payments & submit all health forms to your carrier for you. Any balance left on your account will need to be paid in full within 120 days to avoid the balance being sent to an outside collection agency. You are responsible for any fees incurred from the collection agency. You further understand that your credit may be affected and we reserve the right to pursue legal action, which may include property liens.
3. **Form Completion Policy:** To help defray the costs incurred due to the increasing amount of time staff and providers must spend on fulfilling requests for various forms we have enforced a \$10.00 charge per form. If additional information is needed that cannot already be found in the chart in order to complete the form, a scheduled visit may also be required. Once all pertinent information is available, the form will be completed within 5 business days of being submitted to our office.
4. **Surgery & OB Deposits:** We ask that you pay a \$200.00 surgery deposit or OB deposit. Once your insurance has been billed and the insurance has paid their part, your \$200.00 surgery deposit or OB deposit will be applied to any remaining balances owed by you the patient. If your insurance plan pays at 100% for your medical treatment we will gladly refund your deposit back to you. You further understand that failure to notify Parkside Women's Centre of intent to cancel within 48 hours of the scheduled procedure, all or part of your surgical deposit may be forfeited.
5. **Cancellation Policy:** Kindly give 24 hours notice when the need arises to cancel an appointment. Failure to do so may result in a \$10.00 non-refundable cancellation charge that will be payable before you reappoint with our office. It is our policy to dismiss patients who routinely fail to keep their appointments.
6. **Prescription Replacement Fee:** Effective 1/1/08 we have implemented a replacement prescription fee of \$5.00. This payment cannot be billed to your insurance company and you must pay for this service when picking up the new prescription.
7. **Filing Medicaid as a Secondary Insurance:** As a policy, we do not file Medicaid as a secondary insurance. As a courtesy, will file your primary insurance and balance bill you for any charges that your primary should not pay. You will be responsible for paying any co-insurance, deductible or out of pocket expenses incurred.
8. **Medicaid Family Planning:** If you have Family Planning Medicaid and are seen for a non-family planning reason (example: medical condition) you will be billed for any services not covered by Medicaid.

Authorization to Release Medical Records

I authorize Parkside Women's Centre to release any medical information pertinent to my care to any outside physicians, labs and/or insurance companies. I further understand that any person(s) that receives this information will not release any medical information obtained without further authorization signed by me.

Consent for Treatment

The undersigned consents for treatment by Parkside Women's Centre. This treatment may include, but not limited to, office visits, laboratory testing, injections, pelvic exams, breast exams, minor surgical procedures and other procedures directly related to patient care. The undersigned understands that the practice of medicine is not an exact science and that diagnosis and treatment may involve risk. The undersigned acknowledges that no guarantees have been made as to the results of examination and/or treatment.

Privacy Practices

The undersigned acknowledges receipt of Parkside Women's Centre Notice of Privacy Practices.

By signing below, I fully understand Parkside Women's Centre policies and accept full responsibility thereof.

Patient, Parent or Guardian

Date

If Parent or Guardian, minor's name: _____