



### EXPLANATION OF OUR FINANCIAL POLICY

Our office charges on a fee-for-service basis. We are committed to quality care and reasonable fees. Diligent efforts are made to control internal costs and maintain a fair, accurate fee schedule. As a courtesy to our patients, claims are submitted directly to your insurance. Insurance can be confusing for you and for us. Our staff strives to be educated on insurance plan requirements, such as referral forms, pre-certifications, and use of "in-network" facilities and providers to maximize correct reimbursement for our patients.

#### INSURANCE:

All types of insurance plans designate the patient portion(s) or out-of-pocket patient payment. This is the amount determined by your insurance plan that you, the patient, are responsible for paying. Patient portion can be described as follows:

- **Deductible:** this is a designated dollar amount that the patient pays "off the top" of an allowable amount for a covered service. A new deductible applies each calendar year. There may be a separate deductible for a hospital stay.
- **Coinsurance:** This is based on a designated coverage formula. For instance, if the insurance is an 80/20 plan, the insurance pays 80% of the allowable charge and the patient pays the 20% *coinsurance*. The remaining balance is then *balanced billed*.
- **Co-payment:** This is a flat dollar amount designated by the insurance plan. The patient pays this per visit. Some plans have separate co-payments for specific types of services. This means that a patient could have two or more co-payments to make at the same appointment. The co-payment applies to all consultations and of office visits that are provided in the office.
- **Balance Bill:** There may be a portion of the fee above the insurance "allowable amount". This remaining, *balance bill*, is paid by the patient, even with two insurance plans.
- **Excluded or Non-covered Services:** Each insurance plan determines which medical services it will and will not cover. The patient pays for those services not covered for benefits/payment by the insurance plan.
- **Champus Cost Share:** This amount is based on a designated coverage formula with Champus insurance plans. The cost share could range from 15% to 50% of the allowable charges depending on the contract plan.

**PAYMENT:** Fees are payable at the time of service or according to arrangement made with contracted insurances. For patient convenience, VISA, Mastercard and Discover are accepted, along with cash or check. A monthly service charge of 1 ½% on the unpaid balance will be added to your account after 60 days. A service charge of \$25.00 will be added on all returned checks.

#### ACCEPTANCE OF TERMS

I certify that I have read and fully understand the financial policy of Maternal-Fetal Medicine of Central Pennsylvania. I realize that I am responsible for my charges and that any collection or attorney's fees will be charged to me in the event that my account is not paid in full as described in the terms and conditions above.

\_\_\_\_\_  
Signature of legally responsible party  
Date

#### ASSIGNMENT OF BENEFITS

I authorize Maternal-Fetal Medicine of Central Pennsylvania to bill my insurance company and to receive payments on my behalf from them. I authorize the physician to release information required for filing the necessary insurance claim forms.

\_\_\_\_\_  
Signature of legally responsible party

\_\_\_\_\_  
Date

#### WAIVER OF ASSIGNMENT OF BENEFITS

I understand that, by not signing the above assignment of benefits, I will be responsible for 100% of all charges incurred at the time of services.

\_\_\_\_\_  
Signature of legally responsible party

\_\_\_\_\_  
Date