

In an effort to create understanding, we request that you carefully read and sign the financial terms that are the policy of Oakdale Obstetrics & Gynecology, P.A.

It is the policy of Oakdale Ob/Gyn, P.A. that all monthly statements are to be paid in full upon receipt, unless our business office has authorized prior arrangements.

Oakdale Ob/Gyn, P.A. processes some of our labs through North Memorial Reference Lab. You may receive a bill from North Memorial Reference Lab for some of the lab work you have done during your visit.

Our clinic has participating contracts with several health insurance payers. If you have insurance coverage, your insurance policy will pay for services at the level of benefit you have purchased. Our business office staff will be happy to assist you if you have any questions about Oakdale Ob/Gyn's billing procedures. We do not, however, have answers to your specific insurance policy questions. Therefore, we strongly urge you to contact your insurance company with any questions regarding your medical coverage.

Patients with commercial insurance (any insurance with whom we do **not have** a contract) are required to make payments regardless of any anticipated insurance reimbursement. Because we do not contract with some insurance companies, they are not obligated to make direct payment to our office. If both patient and insurance company make payment to us, we will notify you of any refund credit balance owed to the patient.

Infertility Patients: Due to insurance deductibles and varying infertility benefits we require a pre-payment at each visit with a provider. If the patient's insurance company reimburses the pre-payment which results in an account credit. Oakdale OBGYN will notify you of the balance refund credit amount. It is the patient responsibility to make sure they have subsequent authorizations prior to initiating treatment. Any services not authorized by the insurance company will be denied and become the patient's financial responsibility. Please note that prior authorization does not guarantee benefit payment. Please contact your insurance company for verification of benefits. All past due accounts must be paid in full prior to starting a new cycle.

Accounts with a balance over 30 days old will be assessed an 7.92% compounded annual finance charge. It is important to note that any balance over 60 days old may be placed with a collection agency and/or Credit Bureau. Therefore, if for any reason you are unable to settle your account within 30 days of the statement date, it is imperative that you contact our business office immediately. Do not assume that your insurance company will cover any statement you receive. Call to correct any billing errors promptly. If you ignore our billing statements, we can only assume that you do not intend to pay for the medical services that were provided in good faith.

If it becomes necessary to effect collection with an outside collection agency, you will be charged the total amount of the collection fees, attorney fees, and allowable court fees. This action may also negatively affect your credit rating.

If you are unable to keep your scheduled appointment, please call to inform us prior to the appointment. If you fail to cancel your appointment, you may be subject to a \$75.00 failed appointment fee.

Oakdale Ob/Gyn, P.A. will assess a \$45.00 dollar fee for all checks that are returned with non-sufficient funds.

Please allow us to utilize our knowledge of billing and medical insurance to assist you in getting reimbursed. Please direct all business-related concerns to (763) 587-7035. **WE ARE HERE TO HELP YOU!**

All Infertility Patients are required to initial the following:

_____ I am receiving treatment for infertility services. I understand that I am required to make a \$100 pre-payment at each office visit to be applied to charges incurred. I understand that it is my responsibility to verify coverage and benefits with my insurance company prior to my appointment. I acknowledge and accept responsibility for all charges denied, identified as patient responsibility, or not covered by my insurance company.

All Other Patients (non-infertility) are required to check one of the following:

- A. _____ I have coverage by a participating insurance plan and will pay all of my co-payments at the time of service and all other charges not covered by my policy when they are billed.
- B. _____ I am covered by a commercial insurance plan and will pay for services in full as billed. I understand that I am required to make a \$100 prepayment to be applied to my charges at my first clinic visit each year. For any clinical/surgical procedures performed, I agree to prepay 20% of the estimated charges at least ten business days prior to the procedure/surgery.
- C. _____ I WILL PAY AT THE TIME OF SERVICE. This will require a prepayment of \$200 prior to your office visit and the balance will be charged at the end of your office visit. The charges collected on the day of your office visit will only be an estimate of your charges and will be reviewed by our coder for actual charges. A statement with any additional balance due will be sent to you. For any clinic/surgical procedures performed, I agree to pay to Oakdale Ob/Gyn, P.A., 100% of the estimated physician charges at least ten business days prior to the procedure or surgery. Any additional charges will be paid within 30 days of the procedure.

I HAVE READ AND UNDERSTAND THE CREDIT POLICY DESCRIBED ABOVE AND AGREE TO ABIDE BY ITS TERMS.

PATIENT'S SIGNATURE

DATE

PATIENT NAME

ACCT #