

# Crown Mountain Women's Health

1298 South Chestatee St.  
Dahlonega, GA 30533  
(706) 864-3400

## INSURANCE AND BILLING POLICY FORM

### PLEASE READ, INITIAL ALL, AND SIGN AT BOTTOM OF PAGE.

\_\_\_\_\_ It is your responsibility to give us correct insurance information. If your insurance terminates or changes in any way, you are to get us the corrected information as soon as possible so your claims are filed correctly. If you fail to do so you will be billed for the services provided.

\_\_\_\_\_ It is your responsibility to obtain any referrals that are required by your insurance carrier prior to your office visit. If we do not have the correct referral you can reschedule your appointment or you will be responsible for your bill.

\_\_\_\_\_ It is your responsibility to know your own insurance policy agreement. This is a contract between you and your insurance company, not between us & your insurance company. Certain procedures/services may or may not be covered by your plan.

\_\_\_\_\_ All co-pays & deductibles are due at the time of service unless other arrangements have been made prior to services being rendered.

\_\_\_\_\_ If we receive a returned check for non-sufficient funds (NSF), you will be assessed a **\$30.00** charge. You will need to pick that check up and pay the \$30.00 along with the amount of the bad check. It is office policy that we will no longer accept your checks. You are thereafter required to pay by cash, credit or debit card.

\_\_\_\_\_ If the insurance company needs additional information from you before processing your claims, it is your responsibility to get them this information ASAP. If we do not hear from your insurance company within 45 days of the claim then the total amount of the services becomes your responsibility to pay.

\_\_\_\_\_ Any non covered or denied service/procedure that is performed is your responsibility to pay. If the EOB states that this is the patient responsibility, you will be billed. If you ever have any questions about a bill or insurance, call us & and we will be happy to look into that for you.

\_\_\_\_\_ If insurance is not in effect, denied payment, terminates or for any reason does not pay for your care, we will have no choice but to bill you directly for all charges related to your office visit.

\_\_\_\_\_ Any service rendered requires a co-pay or payment. This includes nurse visits and visits for test results.

\_\_\_\_\_ With **MEDICAID** you are allowed 12 physician office visits per calendar year. If you use all of those visits, you are responsible for the full charges on the following dates you are seen here.

\_\_\_\_\_ It is office policy that a pre-op deposit is required before any surgery. This amount depends on your insurance plan, but will be communicated to you in advance of your appointment by the surgery scheduler.

\_\_\_\_\_ For **MEDICARE AND UNITED HEALTHCARE PATIENTS**, if we perform the saliva test, this **WILL NOT** be covered by your insurance. The cost of the test is \$150 or \$240.00 depending on the test done, and is to be paid when this is brought into the office.

\_\_\_\_\_ **TRICARE OB PATIENTS** - Tricare **DOES NOT** cover any ultrasounds if you are considered a normal pregnancy. They will only cover if you have a problem or are a high risk pregnancy. Ultrasounds must be paid prior to the procedure.

\_\_\_\_\_ **LABS** – It is your responsibility to know what labs are payable under your policy and which lab should process your lab work. If you have questions about what tests are going to be performed, you need to address this with the doctor prior to processing of labs.

Sign Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_