



Gaston Women's Healthcare

 CaroMont Medical Group

Eric B. Feinberg, MD
Kelvin C. Harris, MD
G. Ward Adcock, MD
Carmelita J. Lugue, MD

2680 Aberdeen Boulevard, Ste A
Gastonia, NC 28054
704-865-2229 Fax 704-865-2811

GASTON WOMEN'S HEALTHCARE FINANCIAL POLICY

Gaston Women's Healthcare appreciated the opportunity to provide obstetrical and gynecological health care services to you. We recognize that payment for health care services has become more complex over the past few years. Ensuring proper payment on your account is a joint responsibility between the patient and the provider. Therefore, we would like to briefly outline your role as patient and our role as provider in this process.

Your Role

- We rely on you to provide current and complete insurance information. Prior to being seen by our providers, please inform us of any and all insurance coverage that you have. This ensures prompt billing to your carrier and helps avoid unauthorized services that may become your financial responsibility.
- You are responsible for all charges whether your insurance company pays or not. As you know, not all services are covered by insurance plans, so you should check in advance to determine if your office visit and other services will be covered.
- Many insurance plans require that the patient pay some portion of the bill at the time of service in the form of co-payments and/or deductibles. Failure to make a required co-payment will make it necessary for us to reschedule your appointment.
- Delinquent accounts may be subject to collection charges and related attorneys' fees.
- In most cases, we will mail a monthly statement to you so that you are aware of any payments made to us by your insurance carrier. Your carrier may also provide you with an Explanation of Benefits (EOB) Statement. If your bill is not paid within 60 days, we ask that you call your insurance carrier to assist with settlement of your account.
- If you do not have insurance, payment is expected in full before services are rendered. Since we cannot anticipate the exact cost for each patient, all new patients are required to come prepared to pay \$250 at the time of registration. Upon leaving, if the cost of your visit is less than \$250, we will refund the difference. If the cost of your visit exceeds \$250, we can bill for the remaining balance.

PLEASE TURN OVER AND COMPLETE OTHER SIDE

Our Role

- We participate in many insurance plans including point-of-service plans (POS), health maintenance organizations (HMOs) and preferred provider organizations (PPOs). We also participate in government plans such as Medicare and Medicaid (by referral only).
- Our Customer Service Representatives will ensure your insurance carrier information is properly recorded when you present your current insurance identification card. We will ask you for your insurance cards at your initial visit and all subsequent visits.
- We provide our patients with the service of preparing and filing insurance claim forms immediately following any office visit, surgery or special procedure.
- We will work with you to obtain pre-authorization or pre-certification for office visits, procedures, tests and surgeries.

In Closing

Our efforts are intended to assist the physician in delivering outstanding health care and to assist you in hassle free claims processing. It is our goal at Gaston Women’s Healthcare to provide our patients with easy access to the best medical care available. As part of this service, one of our providers is available 24 hours a day 7 days a week for after hours **EMERGENCIES**. No prescriptions or lab results will be given after hours.

Recently, with the advances in “caller ID” we have been having difficulty in returning calls. All of our providers have “blocked” phone numbers. This is necessary to guarantee their privacy. If your “caller ID” is set to “not accept blocked calls” we will be unable to return your call. Please disable or remove this feature from your phone if you are trying to receive a phone response from one of our staff.

We appreciate your willingness to assist us in the process and thank you for choosing us as your health care provider.

Acknowledgement

By my signature, I indicate that I have read this policy, understand its content and agree to its provisions.

Name (Please Print): _____

Signature: _____ Date: _____