

Date:

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We, at the Benson OB/Gyn Center, P.A., believe open communication is the key to understanding and fulfilling the needs of our patients. Following are policies regarding our financial payment requirements:

1.) INSURANCE--The Benson OB/Gyn Center, P.A. will gladly file your insurance claim for you directly with your insurance company if we are a provider, with the exception of CHAMPUS Insurance. You, the patient, are directly responsible for your co-pay or deductible, based upon your insurance coverage, at the time of service. If you are unable to pay your portion at the time of service, we may ask you to reschedule your appointment.

Since the Benson OB/Gyn Center, P.A. gladly agrees to file a claim directly with your insurance company on your behalf, we allow a 45 day grace period to the patient. If, after 45 days, the insurance company has failed to pay the bill for services, we will bill you, the patient. At that point, the balance must be paid in full, and you must collect reimbursement from your insurance company.

The Benson OB/Gyn Center, P.A. is a medical business office, not a financial lending institution. We will not carry your outstanding balance any longer than 45 days. If we have not received payment from your insurance company or yourself within 45 days from date of service, we will aggressively pursue payment directly from you through legal/court action. \_\_\_\_\_ (initial)

If at any time your primary insurance should change, especially during a pregnancy, our office must be notified immediately of the insurance change. We reserve the right to discontinue providing medical care for you, in the event we are not a provider for your new insurance. It is the patient's responsibility to confirm directly with your insurance company prior to seeing Dr. Benson, if your new insurance will cover the medical charges.

2.) COMMUNICATION--We at the Benson OB/Gyn Center, P.A. understand emergency situations and extenuating circumstances, and in some cases may approve a payment plan for patients requiring extensive treatment. Your health and well-being are why we are here! Please do not hesitate to set up a meeting with our office manager if you have special payment needs. We will try to help you in any way possible.

3.) REFUND POLICY--If you, the patient, have an overpayment or if a credit balance occurs on your account, you will be issued a refund check. Credit balance analysis is conducted twice a month and is done on the first and the sixteenth of every month for the previous month's credits. Refund checks are issued only after review of this balance system.

4.) RETURNED CHECKS--There will be a \$25.00 service charge for all returned checks. This must be paid with cash, credit card, or money order.

Thank you for reading and cooperating with the policies of the Benson OB/Gyn Center, P.A. Once again, if you have any questions, or if you have special payment considerations, please set up a meeting with our office manager.

MY SIGNATURE, BELOW, INDICATES THAT I HAVE READ, UNDERSTAND AND AGREE TO THE FINANCIAL POLICY OF THIS OFFICE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name