



## *Payment Policy*

PLEASE READ

### **Fees for services**

We would like you to know about your charges in advance. Fees for medical services are based on the cost of procedures required, the amount of professional skill involved, and the amount of time spent. Fees for professional services are determined in essentially the same manner as those of individual practicing physicians throughout South Carolina.

The office manager will be glad to talk with you about our fees. We will be happy to estimate your charges, although due to the nature of diagnosing medical problems, it will be difficult to be precise concerning total charges until the physician charts your visit which, because of time constraints and the scheduling of other patients, will be sometime after your visit. ***Therefore, the collection at the time of services is based on an estimate only and might vary depending upon how the physician charts the visit and (if applicable) how the insurance claim is returned to our office.***

### **Payment at time of service**

Estimated payment of your office charges is requested on the day of your visit. If you have medical insurance, we will estimate what your personal balance for the service will be after applying your deductible and co-insurance and ask that you pay that amount. We do realize that there are patients without health insurance and will try to work in a conscientious manner, however we require a minimum payment of at least 50% (or more at the office staff's discretion and depending upon the type of appointment and the costs the clinic might occur – i.e. ultrasounds, medical supplies, etc.) at the time of service with the balance paid within 30-60 days. Unfortunately there are no exceptions to this policy.

### **Options for payment**

We accept cash, Visa, and Mastercard.

### **What about interest charges?**

Balances older than 30 days, without previous arrangements, will incur a finance charge of 1.5% per month.

### **What if the account is not paid?**

We want to be understanding and cooperative with everyone in paying their medical bill. The staff will work with you in setting up payment arrangements. However, for those patients that do not fulfill their obligations after 60 days, it will be considered in everyone's best interest for those accounts to be referred to a collection agency. Once an unpaid balance is placed with a collection agency, the account must be settled through the collection agency office, not with Bon Sain Complete Women's Healthcare. In addition, if patients have been referred to collections, all future visits will be provided on a cash only basis.

**Physicians, hospital and laboratory charges**

Charges for medical care provided by our physicians while you are in the hospital are billed by Bon Sain Complete Women’s Healthcare. These charges should not be confused with charges billed by the hospital. Laboratory charges are separate charges that are billed directly to the patient by the laboratory.

**A word about insurance**

As a service to you, we will file insurance claims for each of your insurance policies. You will need to furnish the clinic with all the necessary information. Please bring your insurance card to every visit.

It should be understood that your insurance policy is an agreement between you and the insurance company to pay certain amounts for medical care. At certain times the office may check benefits as a courtesy to you; however checking insurance benefits is not a guarantee of payment by your insurance company. ***Therefore, it is your responsibility to know your insurance policy’s limits, exclusions and coverage. Your physician’s bill is an agreement between you and your physician. You are responsible for full payment of your account, regardless of the status of your insurance claim.***

**Acceptance of responsibility**

I understand that I am financially responsible for all charges whether or not paid by my insurance company. It is my responsibility to notify Bon Sain Complete Women’s Healthcare of all changes to my account, this includes changes in insurance, address, telephone numbers, emergency contacts, etc.

Insured’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patient’s Name: \_\_\_\_\_

Witness: \_\_\_\_\_