



# PAYMENT POLICY

Northwestern Obstetrics and Gynecology Consultants is dedicated to your health and wellness. Some services our physicians recommend may not be covered by insurance, including ultrasounds, IUDs, genetic testing, labs, and certain procedures. If your plan does not cover these, you are responsible for the balance. If concerns are addressed during your preventative, an additional visit may be billed.

**Preventative Visits include-** History update, physical exam, medication review/refills, counseling, and screening tests.

**Copays-** Copay payments are expected at the time that services are rendered.

**Self Pay Patients -** Are required to pay in full for services and/or labs at the time of service.

**Insurance Claim-** NOGC will submit an insurance claim for your current services. Insurance companies are required to pay their portion of the claim within 45 days of receipt. When your insurance company pays NOGC for a service, you are only responsible for what is considered the patient portion of the claim.

**Patient Portion-** After your insurance company pays their portion of the claim, you are responsible for the patient portion. Your credit card will be automatically charged for the amount due if payment is not received within 15 days after the first billing statement notification is sent. A receipt will be emailed to the email on file after payment is processed. If your credit card is declined, there will be an additional \$50 fee.

**Cancellation Policy-** Our office requires a notice of two (2) business days for all appointment cancellations. If you No Show for an appointment, you will be charged \$100 for New Patient visits/ Procedure visits and \$50 for Established Patient visits.

**Please initial each statement below to acknowledge policy and then sign below**

\_\_\_\_\_ Telemedicine Appointments will be billed and submitted to your insurance.

\_\_\_\_\_ Medical Advice (provided through the Portal or by Phone) may be submitted to your insurance.

**WE STRONGLY SUGGEST THAT YOU MONITOR YOUR ACCOUNT AND THE EOB FORMS THAT YOU RECEIVE FROM YOUR INSURANCE COMPANY. YOU WILL NEED TO RESOLVE ANY DISPUTES WITH THEM INVOLVING PATIENT PORTIONS**

I hereby acknowledge the above payment policy of Northwestern OB/Gyn Consultants (NOGC)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Credit Card Authorization

I hereby authorize NOGC to charge my credit card for any Copay, coinsurance, outstanding balances, patient portions and No Show fees owed to NOGC as detailed in this Payment Policy.

**PLEASE PROVIDE YOUR CREDIT CARD TO THE FRONT DESK SO IT CAN BE SECURELY SAVED TO YOUR PATIENT FILE.**

Email \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\* Your credit card information will be stored in an encrypted PCI certified data base through JPMorgan Chase/ eClinicalWorks\*\*