

OFFICE POLICY ON MANAGED CARE AND FINANCE CHARGES

In order to accommodate the needs and requests of our patients, we have enrolled in numerous managed care insurance plans. While we are pleased to be able to provide this service to you, it is extremely difficult for us to keep track of all the individual requirements of the plans. Each one has different stipulations regarding how often services may be rendered and where those services may be performed. Even within the same insurance company, the plans differ depending upon what type of contract your employer has negotiated.

Providing quality medical care for you is our primary concern. We are more than willing to provide that care within your insurance contract guidelines if you provide us with current and accurate information. Please let us know at EACH time of service EXACTLY what those guidelines are.

Unfortunately, if you do not inform us of any special requirement in your contract, do not provide us with a copy of your current insurance card, do not obtain a referral when needed, or have an exam before your insurance's required wait time, we will have no option but to bill you directly for those charges. **PAYMENT FOR THOSE CHARGES THEN BECOME YOUR RESPONSIBILITY.** With your cooperation and help, you should be able to receive all of the benefits offered to you.

Accounts with balances over 60 days old that are the responsibility of the patient will accrue a **finance charges at a rate of 15% per month.**

I have ready and understand the office policy stated above and agree to accept responsibility as described.

Signature

Date

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____ (patient name) have received a copy of the Women's Clinic of Greeley's Notice of Privacy Practices.

Signature

Date