

Laurel Ob-Gyn, P.A.
Financial Policy

We will be happy to file our services with your insurance company, with proper documentation. We do require that all co-pays, deductibles, and/or percentages are expected at the time of service unless other arrangements have been made.

We charge for the following services, which can not be billed to your insurance company:

*Disability Forms/FMLA: \$20.00

*Medical Record Copying: per page charge, we will call you before copying to give you a price (We must have a signed medical release before records can be copied. Please allow 5-7 business days to copy records)

COMMERCIAL/HMO/PPO INSURANCE

- It is your responsibility to be familiar with your insurance company and your specific plan requirements.
- A current copy of your insurance card is required to properly file your claim.
- As per your insurance requirements, be prepared to pay any co-pay, deductible or percentages at check in the day of your appointment. We accept cash, check, Debit, Visa, or MasterCard.

MEDICARE

- Please note Medicare only covers an annual exam and pap smear every other year.
- If you do have a secondary insurance or a Medicare supplement please provide that insurance card as well.

MEDICAID

- Your current Medicaid card must be presented at the time of service.
- Carolina Access patients cannot be seen by our practice until we receive authorization from the Carolina Access provider for each visit.
- Your \$3.00 co pay is due at the date of service if indicated, or you may be asked to reschedule.

MINORS

- Minors with commercial insurance are required to pay their co pay, deductible, or percentages at the time of service.
- Minors with Medicaid may have a \$3.00 co pay, and that would be expected at the time of service.

SELF PAY

- Payment in full is expected when services are rendered unless prior arrangements are made with our office. A \$100.00 deposit is required at check in. Adjustments will be made at check out; if your visit is not \$100.00 then you will be refunded at that time. For visits over \$100.00 the remaining balance is due at check out.
- We do offer a 20% discount if payment is received in full at time of service.

I have read and understand the above policy.

Patient (Guarantor) Signature

Date