



Financial Policy

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

We charge for the following services, which cannot be billed to your insurance:

- ⚡ Disability Forms/FMLA Forms: \$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 form before records can be copied. Please allow 5-7 business days to copy records.)
- ⚡ No call/No show fee for appointments not cancelled within 24 hours of appointment, for new and existing patients: \$50.00
- ⚡ Cancellation fee for in office procedures or surgeries not cancelled within the 5 day minimum, for new and existing patients: \$250.00

CREDIT CARD POLICY

- ⚡ As of 3/1/2016, we will require a valid credit/debit card to be kept on file. We do this for easier, more convenient payments of future charges and to secure your appointments. Your credit card details and other billing information are stored in compliance with the highest safety and security standards. Laurel OBGYN, P.A. follows these regulations to help protect the personal data of our patients.

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-pays, deductible, or percentages at check in the day of your appointment. We accept cash, check, Debit, Visa, or MasterCard.
- If you have a secondary insurance that is not provided at the time of your appointment, we are not able to add it to the claim once it has been submitted.

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.
- It is our office policy to not accept Medicaid as a secondary insurance.

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 to \$5.00 co-pay, and that would be expected at the time of service

SELF-PAY

- A valid debit/credit card must be obtained to keep on file
- 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 made in full at time of service.
- It is our policy that if you enter into our practice as a self-pay patient, we will not be able to change that status unless you have a commercial insurance become effective. We will not be able to file government funded insurance such as Medicaid or Project Access.