



## Patient Financial Agreement

Thank you for choosing Valley Obstetrics and Gynecology as your health care provider. We are committed to providing quality, comprehensive, and patient centered care while building a successful physician-patient relationship. An important part of that relationship is your clear understanding of our Financial Policies. To help you understand, we ask that you carefully read this policy. If you have any question about this information, please ask to speak with a member of our billing staff.

*Please initial each section*

**Billing Insurance and Patient's Responsibility**

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In order to properly bill your insurance company, we require that you disclose all current insurance and demographic information. At each visit, please provide us with any changes to your name, address, contact information or insurance coverage. While every effort is made to collect from the insurance companies, patients are responsible for denied charges due to inaccurate insurance information.

Prior to your appointment, we will attempt to obtain your benefit information and will notify you of the estimated balance that is due at the time of service. We do our best to provide you with an accurate estimate for services. However, it is the insurance company that makes the final determination of your eligibility and benefits for services rendered, which may result in additional costs. We encourage you to contact your insurance company if you have any questions regarding your eligibility or benefits.

**Pre-Payment Services**

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**Surgery** - Prior to your surgery, we will attempt to obtain your benefit information and will notify you of the estimated balance. At this time, you have the option to set up a prepayment plan. Payment for surgical procedures is due 48 hours prior to surgery.

**Obstetric Services** – Your routine OB visits, labor, delivery and post-partum care (Global Maternity) is billed to your insurance on file at the time of delivery. You will be provided with an Obstetric/Delivery Financial Commitment (OBC) payment agreement at your 12<sup>th</sup> week of pregnancy. This OBC will provide you with an out of pocket estimate for your global maternity care. This estimated payment is due in full 30 days prior to your estimated due date. *Please NOTE - problem visits, ultrasounds, non-stress tests and any lab work are not covered under the Obstetrical Global Maternity package.* Our office will check your benefits for these services. If a deductible or co-insurance applies, we will contact you prior to that appointment to provide an estimated balance due.

**Your Obstetrical Care and Credit Card on File** – If you opt to make payments toward your OBC Estimate, a credit on file is necessary. This card on file will be charged automatically for the payments as outlined in the OBC AND it will automatically be charged for any services not covered under the Global Maternity care up to the limit set when the card is placed on file.

**Self-Pay or Private Pay**

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If you have no insurance coverage, we will provide an estimate for the services requested at the time of scheduling. We offer a 10% discount on all professional charges to self-pay patients. This discount does not apply to devices, implants, lab or imaging services. Payment is due at the time of service

**Payment Expectation and Collection Policy**

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In the event you acquire a past due balance, we will make several attempts to notify you using the contact information you provide. If there is no response to our efforts within sixty (60) days, the balance will be turned over to our collection agency.

**My signature certifies that I have read and understand the contents of this form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date