

## ***Women for Women***

### Surgical Payment Planning

Dear patient,

We are happy and proud you have entrusted us with your medical care. We strive to provide premium medical care. Now we strive to help you understand the changing insurance environment as well as payment at the time of service which is expected and contractually obligatory. Below you will find a brief explanation of some financial terms and conditions.

*Women for Women* will be providing you with an estimate for out of pocket cost for the elective surgery to be rendered to you, based on the information obtained from insurance company at the time of your consultation. This verification of benefits and estimate of out-of-pocket expenses is a courtesy provided by our office; all benefits are subject to eligibility, medical necessity, terms, conditions and limitations of the policyholder's plan at the time of service. It is ultimately your responsibility to know your plan benefits.

As described below, many commercial insurances pay at a certain level and almost all patients will have an out of pocket expense.

**Prior to scheduling your surgery one half of your estimated out-of-pocket expense is due and the remainder is due no later than 48 hours prior to your surgery, or your surgery will be cancelled. We expect any difference to be paid in full at your postoperative visit.**

**CO-INSURANCE** – Co-insurance is based on the pre-determined level of coverage outlined in your insurance policy – many commercial insurance companies pay on claims at a level of 80/20, meaning the insurance company will consider and pay on 80% of the charges and the remaining 20% is considered the patient's co-insurance. It is important that you review your insurance coverage to determine your level of co-insurance. If your insurance coverage only pays a percentage portion of your insurance claims, then you will be billed for any remaining balance - deductibles or co-insurance - determined by your insurance company, along with any amount that your insurance considers to be over the usual and customary fee.

Additionally, many insurance companies maintain a preferred provider network that allows for reduced co-insurance amounts when patients utilize in-network, preferred providers. It is the patient's responsibility to verify network participation prior to obtaining health care services. *Women for Women* has a preferred provider agreement with your insurance, any applicable write-offs will be taken prior to billing you for any remaining balance.

**CO-PAYMENTS** –Women for Women is a preferred provider with many third party payers. Many of these insurers require a co-payment for office visits. If your insurance coverage requires a co-payment for office visits, you will be required to pay this at the time you check-in for your appointment.

**SELF-PAY PATIENTS (no insurance)** – Patients without any valid insurance coverage will be required to pay for any charges at the time of service.

**CODING FOR YOUR SERVICES** - Many insurance companies have restrictions on the type of services that are covered by their policies. For example, preventative services may be excluded or limited to one preventative visit in a 12-month period, or problem related visits might be subject to a deductible, etc. It is the patient's responsibility to know the limitations of her particular insurance coverage. Women for Women cannot charge for services based on the limitations of your individual insurance policy. Government regulations dictate that all health care providers must submit claims that accurately reflect the services that are provided and documented in the patient's medical record. Please don't request our staff to bill services in a particular manner in an effort to enhance reimbursement by your insurance company. To maintain compliance with current government regulations and uphold the highest ethical standards, our staff is under strict guidelines that demand that they code services to the highest degree of accuracy. Based on this, in the event you are seeing your physician for preventative services, but at the same encounter, address additional problem related issues, we may be required to charge for these additional services.