



Southern Indiana
**Physicians for
Women**, P.C.

FINANCIAL POLICY

A clear understanding of our Financial Policy is an important part of our professional relationship. We are pleased to discuss the financial aspects of your care. Feel free to ask questions regarding your fees, financial responsibilities, insurance coverage, or the Financial Policy.

- All patients must complete the "PATIENT INFORMATION" form before seeing the provider.
- The following forms of payment are accepted: cash, personal checks, debit cards, VISA, MASTERCARD and DISCOVER.

INSURANCE

Each insurance plan is different and it is your responsibility to check with your insurance company regarding coverage prior to your appointment. Insurance is a contract between you and your insurance company. Our office will not become involved in disputes between you and your insurance company regarding deductibles, co-payments covered charges, or secondary insurance other than to provide information regarding the services provided by our practice. We will file with all insurance companies; however, we are not contracted with all insurance companies. Your insurance company can verify if our office is contracted with your network.

When a provider contracts with an insurance company, the provider is considered "in-network." The insurance companies require our office to collect patient co-payments, deductibles and charges for non-covered services at the time of the visit. We will file all charges with your insurance company and notify you if there are any remaining charges that are your responsibility. We will promptly refund any overpayments to you or your insurance company.

If we are not "in-network" for your insurance company, you may still receive services from our office; however, your insurance company may pay at a reduced rate. For example, a plan that pays 80% of charges for in-network providers may only pay 60% for an "out-of-network" provider. You will be responsible for the portion that is not covered by your insurance.

PAST DUE ACCOUNTS

If the amounts due Southern Indiana Physicians for Women, P.C. for services rendered become delinquent and the debt is referred to an attorney for collection, it is understood and agreed that I shall be responsible for reasonable attorney's fees, court costs and judgment interest.

Prompt and complete payment for the services rendered is required in order to remain a patient of this office. Furthermore, it is our general policy that any patient who files for bankruptcy protection and lists Southern Indiana Physicians for Women, P.C. as a debtor will no longer be seen by this office and will be directed to find a new health care provider.

Please let us know if you have any questions or concerns.

I have read and understand the Financial Policy and agree to the terms as stated above.

Patient Name _____ Responsible Party _____

Responsible Party Signature _____ Date _____

Lisa Weiler, M.D. • Michael Stowell, M.D. • Elizabeth McDaniel, CNM

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Responsible Party Signature _____ Date _____