



## Trinity OB/Gyn, PLLC

### Financial Policy

Thank you for choosing Trinity OB/Gyn, PLLC as your healthcare provider. We are committed to providing you with the best possible medical care. In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy.

As a courtesy to you, Trinity OB/Gyn, PLLC will bill your insurance carrier for services provided. In order to properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurance, as well as any changes of insurance information. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. Any Laboratory tests which require an outside lab to perform will be billed separately by the lab company.

#### **As the responsible party, please understand the following:**

**Payments at Time of Service** - Payments for ALL services, which includes unpaid balances, deductibles, co-payments or other non-covered services as set by your insurance carrier are due at the time of services are rendered.

If you participate with a high-deductible health plan, we require that you pay a minimum of \$30 at the time of service. The remaining balance will be due upon receipt of statement from our office, unless other arrangements have been made with the business office manager prior to services being rendered.

Non-insured patients will be expected to pay at the time of service. If you are not able to pay in full, you must contact our billing office manager prior to being seen by the physician to make payment arrangements.

**Canceled/Missed Appointments** - We understand there may be times you are unable to keep an appointment, but we request the courtesy of a phone call 24-hours prior to your scheduled appointment. Failure to do so, may result in a \$25 No-Show fee. A \$25 fee may also apply for patients who repeatedly miss appointments. We also reserve the right to terminate any new patient who misses their initial appointment and/or any patient who misses three consecutive appointments.

**Returned Checks** - A \$35 fee will apply to all checks returned to our office as "unpaid".

**Patient Forms** - Simple forms will be completed as a courtesy, but we may charge a \$20 fee for extensive forms requesting review of medical records.

**Medical Records** - A \$10 fee may be charged for providing copies of medical records.

**I have read and fully understand the policies of this office regarding payments and insurance.**

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**Signature: Patient or Guarantor**

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**Printed Name: Patient or Guarantor**

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**Date:**



## Trinity OB/Gyn, PLLC

### Financial Policy Release

#### Authorization to Treat

Permission is hereby granted to all healthcare providers at Trinity OB/Gyn, to administer such examination, treatment, testing and procedures that are deemed necessary in the course of my care.

#### Assignment of Benefits

For those healthcare providers who accept assignment, I hereby authorize any insurance carrier with whom I have a policy, to pay directly to Trinity OB/Gyn any benefits of any policies of insurance for services rendered to me and who accept such assignment. I agree to pay all charges that are not paid in full by assigned insurance.

#### Release of information

I hereby authorize Trinity OB/Gyn, to release any information required in the course of my treatment. As requested by my insurance company (payer of medical benefits) to process payments on my behalf.

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**Signature: Patient or Authorized Guarantor**

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**Date:**

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**Printed Name: Patient or Authorized Guarantor**

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**Print: Authorized Relationship to Patient**