

Welcome to *Professional Women's Healthcare, P.A.* We are honored that you have chosen us as one of your healthcare providers. Our mission is to provide you with top quality care. We look forward to treating you.

Office Hours: For our Dunn location, our office hours are Monday through Friday from 8:30 am to 5:30 pm. We are closed for lunch from 12:30 to 1:30. Surgeries are provided Friday mornings. After hours you may call our office, and our answering machine will either let you leave a message or direct you to call Dr. Giebmanns's pager in the case of an emergency. We will now be seeing patients at our Lillington location on Wednesday afternoons. Please use our main phone number at 910-897-7711 to contact either location.

Patient Information: It is your responsibility to notify us immediately of any change in your name, address, telephone number(s), or health insurance plan(s). It is crucial that we have a way to contact you to confirm appointments and to notify you of any health problems that we may diagnose.

Cancellation and No Show Policy: In respect for our staff and for other patients, we ask that you contact us as soon as possible and at least 24 hours in advance if you must cancel a scheduled office visit. If you fail to call in advance and do not show for your appointment, it will be counted as a "no show." *1st No Show:* The patient will receive a phone call informing her that she has missed her appointment without notifying our office. *2nd No Show:* The patient will receive a letter informing her that she has missed two appointments without notifying our office. *3rd No Show:* The patient will be charged a \$25.00 fee and will receive a letter informing her that her account has been flagged as recurrent no shows and that another missed appointment will result in dismissal from the practice. *4th No Show:* We will no longer be able to serve you.

Health Insurance:

Authorization, Co-Payment and Deductible Payments: If you are a member of a managed care organization, it is your responsibility to obtain an authorization from your primary care physician *prior to your visit*. Failure to do so will significantly delay your visit or may necessitate rescheduling your appointment. Since insurance companies usually refuse to issue a retroactive authorization for office visits, Dr. Giebmanns will be unable to see you unless we have an authorization or you are willing to accept full responsibility for the entire cost of the services rendered. Payment of all co-pays and deductible amounts (when applicable) are required at the time of your visit. For surgeries, we require that you pay these funds by the time of your pre-op visit.

Insurance companies with whom we have a contract: We will file your insurance for you. In return, you or your guardian agrees to assign any insurance benefits payable to Professional Women's Healthcare, P.A.

Delay in insurance payment: If your insurance company does not pay your claim within 45 days of submission, we may forward the bill to you and ask for your assistance in getting the claim paid. If your insurance company does not pay for a legitimate claim within 60 days after submission, we may enlist your help to register a complaint with the insurance commissioner.

Insurance company denials: You (or your guardian) are responsible for being familiar with your health insurance policy benefits and exclusions. Certain benefits may not be covered. For instance, many policies deny coverage for problems relating to infertility and/or preexisting conditions. If your policy excludes benefits for a particular condition and you elect to see Dr. Giebmanns for this condition, you or your guardian are responsible for payment in full for services rendered. Insurance payments may also be denied for other reasons. Our policy is to appeal denied claims. We may ask for your help in disputing a denied claim with your insurance company. However, if a denial is final, you or your guardian agrees to pay the amount due unless the reason for the denial is our fault.

Insurance companies with whom we do not have a contract: As a courtesy, we will file your insurance claim for you. In return, we expect payment in full at the time of your visit for services rendered. If your insurance policy does not offer out-of-network benefits, we offer a discount off our regular fee schedule.

Financial Policy: Payment is required upon check-in. If there is a balance on your account, payment is required prior to being seen again. It is your or your guardian's responsibility to notify our office of any referral authorizations, pre-admission certification and/or second opinion requirements of your insurance company at the time of scheduling office appointments, hospital admissions or surgery. If our office is not notified in advance of these requirements, this document acts as a waiver, and you or your guardian agrees to be responsible for payment of services rendered.

Charge for Copying Medical Records: There will be a charge for copying records that exceed 20 pages in length to cover our expenses for processing and postage. Also, a signed HIPAA release of medical records form will be required before records will be released.

Payment: We gladly accept cash, checks, debit cards and credit cards (Visa and Mastercard only). Please note that we must verify funds in your account for all checks of a substantial amount.

Returned checks: If your check is returned for any reason, a \$25 returned check fee will be assessed, and we will no longer be able to accept checks from you. You will be required to rectify any payments due before your next appointment.

Self pay: As a courtesy to our self pay patients, we offer a discount off our regular fee schedule, which is comparable to the reimbursement we receive from insurance companies. In return, we expect payment in full at the time of your office visit. Surgeries require payment at the time of your pre-op visit.

Surgeries: If you require surgery, we will verify insurance benefits and provide you or your guardian with an estimate of the amount you will be responsible for. This will consist of any deductible you have not met for the plan year in addition to your co-insurance. The estimated amount is due in full **prior** to your surgery at your pre-op visit.

Collection policy: Unless payment arrangements have been made, all "patient due" accounts (once your insurance company has paid its portion of the claim, or from the time of service for self pay patients and patients with insurance companies that we do not participate with) over ninety (90) days old will be turned over to a licensed debt collection agency. In addition to being liable for your outstanding balance, any additional court costs and attorney fees that are required to collect your outstanding balance will be charged to you.

Drug Screening: *In order to protect the health of you and your infant, we may randomly screen any patient for drug use. By signing this form, you consent to being tested.*

Attestation: Your signature or the signature of your guardian acknowledges that you understand and accept the above information.

Patient's Signature

Patient's Printed Name

Date

Guardian's Signature

Guardian's Printed Name

Date

Witness's Signature

Witness's Printed Name

Date