

Patient Financial Policy

Thank you for choosing the physicians of Seven Hills Women's Health Centers as your health care providers. We are committed to providing you with quality obstetrical and gynecological care. Your clear understanding of our Patient Financial Policy is important to our professional relationship. If you have any questions about our fees, our policies or your financial responsibilities, please do not hesitate to contact our billing department at 513-721-3200. Please take time to carefully review the following information and return this form to the front desk with your signature and today's date.

We require that all patients complete our Patient Financial Policy prior to seeing the physician and upon each annual visit thereafter. It is your responsibility to notify our office of any patient information changes (i.e., address, name, insurance information, etc.).

INSURANCE

It is the patient's responsibility to provide our office with current insurance information. We will ask for your insurance card at your first visit and will copy for our records. We will request a copy at each office visit thereafter. If current information is not obtained at the time of service, it will become the patient's responsibility to pay the entire balance until current information is provided to our office.

Your insurance policy is a contract between you and your insurance company. As a courtesy, and pursuant to contractual obligations, we file all your claims for you. However, we will not become involved in disputes between you and your insurance carrier. This includes, but is not limited to, deductibles, co-payments, non-covered charges and "usual and customary" charges. We will supply information as necessary. **You are ultimately responsible for the timely payment of your account.**

CO-PAYS

Co-payments are due at the time you check in at the front desk **PRIOR** to your being seen by our physicians.

UN-PAID/OUTSTANDING BALANCES

We ask that full payment be made at the time of service unless prior arrangements have been made through the billing office. If your insurance company has not paid the balance in full, you will receive a statement notifying you of the amount due. You may call our billing office at 513-721-3200 to set up payment arrangements if necessary. Any overdue balances may be considered for further collection activity.

We accept cash, checks, Visa, Mastercard, American Express and Discover.

OBSTETRIC PATIENTS

With Insurance – We require a one-time **\$500 deposit** for medical services from all obstetric patients. **This payment is due on, or before, your second visit to our office.** In most cases, this will be all that we collect prior to your delivery. However, there will be exceptions based on insurance coverage.

Without Insurance – New OB patients will be given a payment schedule based on a normal delivery code.

All OB patient balances are calculated based on the physician charges only and do not include any laboratory, sonograms or additional medical services needed you may receive prior to or at the time of delivery. The OB deposit payment arrangements letter will be mailed to you when the determination of benefits is confirmed by our billing staff. Patients will be billed after their delivery for any additional balance owed.

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RETURNED CHECKS

The charge for a returned check is \$25.00 payable by cash, money order or charge (no checks accepted). This will be applied to your account in addition to the insufficient funds amount.

DISABILITY FORMS

Disability, Life Insurance and other forms are often requested to be completed by the practice. Many of the forms require review by the physicians and completion of detailed medical history questionnaires. Please allow 5-7 days for completion of any requested forms. The charge for the completion service is \$20.00. The fee for document completion must be paid in full when forms are submitted to our office. We will not satisfy requests for completion or release of these documents until we are paid in full.

MISSED APPOINTMENTS

Please help us serve you better by keeping scheduled appointments. In the event you are unable to keep your appointment we request, at minimum, a 24 hour notice. Failure to provide notice will result in a \$25.00 missed appointment charge. This charge is the responsibility of the patient and is not covered by any insurance carrier.

CREDIT BALANCES

From time to time, you may accrue a credit balance on your account. If your account reflects a credit balance of \$20.00 or less, Seven Hills' policy is to carry the balance on the account until your next appointment or your transfer from the organization. If your account reflects a credit balance of more than \$20.00, Seven Hills will maintain your credit until our Accounts Receivable staff processes your credit or a request is made by you, the patient, to receive refund. All refunds are reviewed and processed every 45 days, if you make a request please allow ample time for review of your entire account and processing through our accounting department. You can contact our billing department at 513-721-3200 regarding any credits on your account.

MEDICAL RECORD COPIES

Please reference the details below regarding the cost associate with the copying of a patient's medical record according to the Ohio State Medical Board Regulation and Commonwealth of Kentucky (KRS).

Ohio Practice: Ohio State Medical Board Regulation [§ 3701.74.1]

If you request a copy of your medical records you will be charged the following fees:

- a) With respect to data recorded on paper, the following amounts apply:
 - i) \$3.07 per page for the first ten (10) pages;
 - ii) \$0.64 per page for pages eleven (11) through fifty (50);
 - iii) \$0.26 per page for pages fifty-one (51) and higher
 - iv) \$2.10 per page with respect to data resulting from X-ray, MRI, or CAT scan, recorded on paper or film
- b) With respect to data recorded other than on paper (I.e. electronic copy):
 - i) Eight dollars (\$8.00) per flash drive required
 - ii) The actual cost of any related postage incurred by Seven Hills Women's Health Centers

If a the request is made other than by the patient or the patient's personal representative, total costs for copies and all services related to those copies shall not exceed the sum of the following:

- a) An initial fee of fifteen dollars (\$18.91), which shall compensate for the records search;
- b) With respect for data recorded on paper, the following amounts apply:
 - i) \$1.24 per page for the first ten (10) pages;
 - ii) \$0.64 per page for pages eleven (11) through fifty (50);
 - iii) \$0.26 per page for pages fifty-one (51) and higher
 - iv) \$2.10 per page with respect to data resulting from X-ray, MRI, or CAT scan, recorded on paper or film
- c) The actual cost of any related postage incurred by the health care provider or medical record company.

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Kentucky Practice: Commonwealth of Kentucky Revised Code (KRS) [§422.317]

A patient is entitled to require a medical provider to produce one free copy of their medical record without charge upon the completion of a medical record release form indicating the recipient of the medical record.

Any additional written request for medical record made by the patient or by the patient's attorney or the patient's authorized representative will be accessed a charge for a copy of the patient's medical record and all services related which shall not exceed the sum of (\$1.00) per page.

- a) With respect to data recorded on paper, the following amounts apply:
 - i) \$0.50 per page for pages eleven (11) through fifty (50);
 - ii) \$0.25 per page for pages fifty-one (51) and higher
 - iii) \$0.75 per page for the first ten (10) pages;
 - iv) The actual cost of any related postage incurred by Seven Hills Women's Health Centers
- c) With respect to data recorded other than on paper such as copies of X-rays, EKG strips, etc.:
 - i) \$0.85 per page
 - ii) The actual cost of any related postage incurred by Seven Hills Women's Health Centers
- d) With respect to data recorded other than on paper (I.e. electronic copy):
 - i) Eight dollars (\$8.00) per flash drive required
 - ii) The actual cost of any related postage incurred by Seven Hills Women's Health Centers

Like all businesses it is our intention to thoroughly explain our financial policies and set forth our expectations. Your assistance and cooperation is appreciated.

We are pleased to have the opportunity to meet your health care needs and encourage you to contact our billing department (513.721.3200) with any questions or concerns.

I have read with Seven Hills Women's Health Centers Patient Financial Policy and acknowledge my responsibilities by affixing my signature below.

Patient Name (please print)

Patient Date of Birth

Patient/Responsible Party Signature

Date

_____ SHWHC Representative Initials