

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 ask the office staff or 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. 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 and copy your insurance card at your first visit. Please bring your current insurance card to each visit. We will ask to verify the card.
- 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 **PRIOR** to your being seen by our physicians.

## **DEDUCTIBLES and CO-INSURANCE and ESTIMATES for hospital/in-office procedures:**

- Balances related to unmet deductibles and estimation of co-insurance, as per the contract you have with your insurance, is to be paid at the time of service.
- For surgical and in-office procedures, an estimation of patient responsibility will be provided to you and is to be paid **in full PRIOR** to services being rendered.
- Additional balances due, if applicable, will be billed to you after the insurance carrier has processed the claim.

## **UN-PAID/OUTSTANDING BALANCES – (Collection Agency/Bankruptcy)**

- Payments are to be made at the time of service unless prior arrangements have been made through the physician's office staff in advance of your appointment.
- Any overdue balances may be processed to a collection agency for additional collection efforts. ***If the account is referred to a collection agency, this may result in referral from the practice and/or the inability to schedule an appointment.***
- All balances not paid by your insurance carrier will be billed to you. Questions about how your claim was processed are to be directed to your insurance carrier or you may call our business office at 513-721-3200.
- Filing of bankruptcy, resulting in the waiving of balances due to the physician, constitutes a breach in our financial policy and could result in referral from the practice or delay in scheduling an appointment.

**We offer convenient ways to pay your bill:**

- By visiting our website [www.womenshealthcenters.com](http://www.womenshealthcenters.com) and click on the **PAY NOW** option.
- By signing up for our patient portal and submitting payment through the **ONLINE BILL PAY** option.
- Call the business office at 513-721-3200, press 0, and any billing representative can assist you.

**Forms of payment accepted:**

Cash, Checks, Visa, MasterCard, American Express and Discover.

We also accept Care Credit.

(Contact our billing office at 513-721-3200 for additional information on Care Credit)

**OBSTETRIC PATIENTS**

- **With Insurance** – We require a **deposit** that is calculated based on the benefits of your insurance plan, for medical services from all obstetric patients. This payment is due on, or before, your second visit to our office.
- **Without Insurance** - A payment schedule will be provided. Payment for all obstetrical care is due in full by the 7<sup>th</sup> month.

All OB patient balances are calculated based on the physician charges only and ***do not include*** any laboratory, ultrasounds or additional medical services you may need and 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. Balances for services such as ultrasounds, non-stress tests, or other obstetric related services subject to a deductible, co-payment or co-insurance are expected to be paid in full at the time of service ***in addition*** to the OB deposit calculated for your obstetrical care.

**RETURNED CHECKS (FEE APPLIED)**

- 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 (FEE APPLIED)**

- 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 this 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 (FEE APPLIED)**

- 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**

- If your account reflects a credit balance of **\$5.00 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 \$5.00**, 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 a 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. Refunds are not issued when outstanding insurance claims are still "in processing" with your insurance company. Please call 513-721-3200 with questions.

**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 [§ 3701.741]***

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) \$2.74 per page for the first ten (10) pages;
  - ii) \$0.57 per page for pages eleven (11) through fifty (50);
  - iii) \$0.23 per page for pages fifty-one (51) and higher
  - iv) \$1.87 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 sixteen dollars and eight-four cents (\$16.84), which shall compensate for the records search;
- b) With respect for data recorded on paper, the following amounts apply:
  - i) \$1.11 per page for the first ten (10) pages;
  - ii) \$0.57 per page for pages eleven (11) through fifty (50);
  - iii) \$0.23 per page for pages fifty-one (51) and higher
  - iv) \$1.87 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.

***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
- b) 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
- c) 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 the 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