



Women Gynecology & Childbirth Associates, P.C.

1815 South Clinton Avenue – Suite 610
Rochester, New York 14618

1630 Empire Boulevard
Webster, New York 14580

103 Canal Landing Boulevard - Suite 11
Rochester, New York 14626

Billing Office: 585-244-4360

Appointment Scheduling: 585-244-3430

FINANCIAL POLICY

1. Insurances vary in their coverage and it is my responsibility to understand my medical benefits. Full payment, including all copayments, co-insurance and unmet deductibles of high deductible plans, is expected at the time of service unless other arrangements have been made prior to my visit.
2. A service fee of \$20.00 is added when copayments are not made at the time of visit.
3. Returned checks are subject to a \$35.00 service charge and may terminate my privilege to pay by check at future visits.
4. It is understood and agreed that in the event any outstanding balance is not paid or is not a covered service by my insurance(s) or by Medicaid, I am personally responsible for all fees due.
5. Our office has a \$50 cancellation fee for any appointment cancelled with less than 24 hours notice, and a \$100 cancellation fee for procedures and radiology services when cancelled with less than 24 hours notice. The same fee will apply if I do not show for my scheduled appointment.
6. Balances are due within 30 days of the date the bill is issued unless financial arrangements are made with the billing department. Bills will be issued after the insurance carrier pays its portion.
7. It is understood and agreed that in the event any outstanding balance on my account becomes delinquent and has to be referred to a collection agency or attorney for recovery, that I will be fully responsible for any and all collection fees and attorney fees.
8. Our providers believe that our patients should not be inconvenienced by having to make multiple trips to our offices to discuss other issues above and beyond a routine annual examination or receive other services such as ultrasound or Dexascan. My visit may consist of multiple services. I am aware that my insurance company may assign multiple copayments, co-insurances and unmet deductibles of high deductible plans for these multiple services. I will contact my insurance company with questions or contractual obligations should I be charged multiple payments. Providing time to discuss other issues during an annual exam is an opportunity that WGCA gladly gives to our patients when time allows.
9. I understand that WGCA accepts **cash, money orders, checks**, and certain **credit cards** as payment.

I have read and fully understand this financial policy.

Date

Print Full Name

Social Security Number

Signature

Date of Birth

www.wgcaobgyn.com