



A Woman's View Women's Healthcare

Dr. Katherine Boyd - Aquia Ward, RN, WHNP-BC

Office Policy

We are committed to providing our patients with the best possible care. Your clear understanding of our office is important to our professional relationship.

***FEES**- Full payment is due at the time services are rendered (Cash payment, Co-payments and deductibles).

*** NSF/CLOSED ACCOUNTS**- There is a \$25 charge added to all returned checks. All NSF checks will be forwarded to the City of Dallas District Attorney's Office if not paid in full within 15 days.

***MEDICAID/MEDICARE**- A current Medicaid form should be presented for each visit. Non-emergency visits will be denied if a form is not available. **Medicaid/Medicare do not cover Well Woman Exams you will be responsible for services you receive.** I understand that the Dr. Katherine Boyd and Aquia Ward, RN, WHNP-BC are accepting me as a private pay patient and I will be responsible for paying for any service I receive.

*** INSURANCE**- Insurance Cards should be presented for **EACH** visit, if you are unable to present your insurance card you will be responsible for services rendered on that day if the insurance on file has denied or is no longer in effect. The office is only responsible for filing claims to insurance's contracted with Dr. Boyd and Aquia Ward, RN. We will file claims as a courtesy; however, we do not become involved in any dispute between the insurance company and the member. Any disputes for unpaid charges from the insurance company will be billed to the member. **ALL PATIENTS MUST HAVE AN INSURANCE ID CARD** in order to utilize benefits.

*** COLLECTIONS**- All delinquent accounts will be referred to a collection agency. At this point the patient will need to contact the collection agency for payment arrangements.

*** NO SHOW FEES**- If you do not arrive for your appointment and do not call to cancel within 24 hours, the patient will be charged a \$50.00 fee.

*THANK YOU FOR YOUR UNDERSTANDING AND AGREEING TO OUR POLICY.
WE ARE GLAD THAT YOU CHOSE DR. KATHERINE BOYD, AQUIA WARD, RN-C, WHCN TO BE YOUR
PHYSICIAN.*

Patient/Guardian Signature

Date