Policies and Procedures

Thank you for choosing Augusta Women's Health & Wellness Center for your healthcare needs.

CELL PHONES: We respectfully request that all cell phones be silenced upon entry into the waiting area. We also ask that any cell phone conversations be held in the lobby just outside our suite.

INSURANCE: You must provide your insurance card EACH visit at check in. **Your medical insurance is a contract between YOU and your insurance company.** If you are not sure whether or not your insurance will pay for a particular service, **YOU** should check with your insurance company prior to having the service performed. **YOU** are financially responsible for any services provided by this facility whether they are covered by your insurance or not. If your insurance does not pay within 30 days, **you** are responsible for any outstanding balances.

We will only file the insurance that is provided on the date of service. We will not retroactively re-file any claims for insurance policies presented after that time.

Co-pays must be paid at check-in. If you are not prepared to pay your co-pay at the time of the visit, we will gladly reschedule your appointment at our earliest convenience. It is considered insurance fraud (a felony offense) for us to see you without your paying the co-payment.

BILLING: We file your insurance as a COURTESY. Anything not covered by your insurance is YOUR responsibility. The balance is due upon receipt of a bill from our offices, verbal notification of your balance by our staff or an explanation of benefits from your insurance company. Balances are considered past due 30 days after you receive notification. If we receive no response from you, we reserve the right to cancel any appointments you have scheduled and we may obtain the services of an outside collection agency to collect the balance. In this case, any fees we incur in this process will be added to your balance and will become your responsibility.

LATE/MISSED APPOINTMENTS: As a patient you are required to keep your scheduled appointment. If you arrive more than **15 minutes** late for our appointment, you may be asked to reschedule. In the event you are unable to keep your scheduled appointment, you will need to call the office within **24 hours** to cancel or re-schedule. If you fail to call, you will be charged a fee of **$25** due upon your next visit. Multiple missed appointments can lead to termination of patient care with this practice.

AFTER HOURS CONTACT: After hours phone contact is reserved for **EMERGENCIES ONLY.** Non-critical or non-life threatening medical concerns handled during after hours business calls are subject to an administrative fee of **$25/call**.

FORMS/PAPERWORK: Forms and paperwork, including, FMLA and disability forms, are completed as a **COURTESY**. An administrative fee for completion is required. Payment is due at the time of the request. Paperwork is completed as time permits and you will be notified when it is complete.

I have read and understand the policies of the practice and agree to be bound by its terms

_____**Signature** _____**Date**

_____**Print Name**

(For your convenience you have been also been provided with a notice of the privacy practices of this facility for your review)

As required by the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996 (HIPPA) , by signing below I acknowledge that I have received a copy of the Notice of Privacy Practices of Augusta Women's Health & Wellness Center on the date indicated below.

_____Signature **_____Date**

_____Print Name