



Financial Policy

At the Kulbersh Women's Center, we appreciate the opportunity to provide you the best possible care. Here is some important information:

1. Payment is due at the time of service unless arrangements have been made in advance. We accept Visa, MasterCard, personal checks, and cash.
2. We understand there are situations where an appointment may need to be cancelled or rescheduled. Failure to give 24hrs notice will result in a \$25.00 cancellation fee to your account. The courtesy of 24hrs allows us ample time to fill the appointment time slot.
3. Returned checks are subject to charged fees and a returned check fee of \$50.00.
4. As a service to you, we will file your insurance claim if you "assign the benefits" to the doctor. Your insurance company will then pay the doctor directly. If your insurance company does not pay the practice within a reasonable period, we will have to look to you for payment. If we later receive a check from your insurer, we will refund any overpayment to you.
5. The insurance company may request information or copies of records from you regarding other insurance coverage or have questions about pre-existing conditions. **These inquiries are your responsibility** and will require prompt response to prevent transfer of responsibility of the payment to you.
6. We have made prior arrangements with most local insurance companies and (other) health plans to accept an assignment of benefits. We will bill them. You are required to pay all co-payments, co-insurance &/or deductibles at the time of your visit.
7. If you are insured by a plan that we do not have a prior arrangement with, we will prepare and send the claim for you on an unassigned basis. This means the insurer will send the payment directly to you. Therefore, our charges for your care are due at time of service.
8. Prior to most procedural and surgical services, we will contact your insurance company to get pre-approval. We will obtain the details of your coverage to determine what part of the payment will be your responsibility. This portion of payment will be due prior to services. This process with your insurance company will be documented, but deviations from what the insurance company tells us are beyond our control and are your responsibility.

9. Not all insurance plans cover all services. In the event your insurance plan determines a service “not covered”, you will be responsible for payment in full prior to the service.
10. If you receive services by our providers in the office and/or the hospital, you may be billed separately for: hospital, anesthesia, radiology, pathology and laboratory services. These are additional charges that will be your responsibility.
11. After services have been provided and insurance benefits have been maximized, you will receive a statement of any remaining balances. This is due **in full** upon invoice. **Our practice does not have payment plans or carry balances.** We accept Visa, MasterCard, personal checks and cash for these balances. We do offer a special plan called “Care Credit”. This will allow you to make payment over 6 month’s interest free. Please see www.carecredit.com or call our insurance department for details of the Care Credit Plan.
12. After services have been provided and insurance benefits have been maximized, credit balances of \$50 or less will be applied to future services unless you request a direct refund.
13. If you have questions or would like to discuss any details of our financial policy, please call the office at 803-732-4608 to set up an appointment with one of our account specialists.
14. We appreciate your cooperation and we will do all we can to assist you in your healthcare needs.

I have read and understand the practice’s financial policy and I agree to be bound by its terms. I also agree to be responsible for 40% collection cost (collection agency fees, attorney fees and court cost) incurred in collecting a delinquent account.

Signature of Patient (or responsible party, if minor)

Please print the name of the patient