

**JOHNSON COUNTY OB/GYN, CHARTERED
FINANCIAL POLICY**

TO BETTER SERVE OUR PATIENTS, WE UNDERSTAND THE NEED FOR
CLEAR COMMUNICATION OF OUR FINANCIAL PLAN

1. Our office participates with a variety of insurance plans. It is your responsibility to:
 - * Bring your current insurance card and driver's license to every visit
 - * Be prepared to pay your copayment at check-out at each visit. Payment can be made by cash, check or debit/credit card. This office takes MasterCard, Visa, and Discover. If you do not bring payment to your visit and we have to bill you, you will be assessed a \$25.00 processing fee. Your copayment is a contractual obligation between you and your insurance company. It is your insurance company that requires us to collect the copay. Lack of payment could lead to nonpayment by the insurance company for this entire visit.
 - * For medical care not covered by your insurance or insurance plans this office does not participate in; payment is due at the time of the visit.
2. Referrals: It is your responsibility to bring any required referrals for treatment at, or prior to the visit at the office or hospital. If you do not have the referral, your visit may be rescheduled, or you may be financially responsible.
3. If the patient is a minor (under the age of 18), the parent or guardian must sign below. The parent, guardian or unaccompanied minor is responsible for any payment due at time of service, bringing the necessary referrals and insurance card.
4. If you have questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company member services department (the number is on your insurance card). It is your responsibility to know what is and is not covered by your insurance and to be responsible for the expense or treatment not paid and/or covered by your insurance company.
5. If you fail to make payment in full for the services that are rendered to you after our three statement series your outstanding balance may be sent to a collection agency. You will also be held responsible for any additional fees assessed by the collection agency on your account.

Johnson County OB/GYN, Chartered firmly believes that a good physician/patient relationship is based upon understanding and good communications. Questions about financial arrangements should be directed to the billing department in the office at 913-236-6148. Please sign that you have read and agree to this Financial Policy.

Signature of Patient or Responsible Party Date

Signature of Co-Responsible Party Date

Witness Date Account Number