

Thank You for choosing Desert Mountain Ob/Gyn for your gynecological and obstetrical needs. We are pleased that you have placed your trust and confidence in us. In order to help acquaint you with our practice, we would like to make you aware of the following policies.

PATIENTS OF CONTRACTED MANAGED CARE PLANS:

If our office is contracted with your health care plan, we will submit your claim to your claim carrier. **You are expected to pay your copay at the time of service**, per your contractual agreement with our insurance carrier. A \$10 service charge will be applied to the account if not paid at the time of service.

PLEASE BE RESPONSIBLE FOR KNOWING YOUR POLICY:

You are responsible for all services provided by our office, which may or may not be covered by your insurance. Please contact your insurance company **in advance** to verify coverage for special benefits such as **well care** (preventative), ultrasounds, infertility, etc. Referrals may be required for your visit, and deductibles may apply. **Please contact your PCP, as we do not obtain referrals from your PCP –THIS IS YOUR RESPONSIBILITY.**

PATIENTS WITH NO INSURANCE BENEFITS:

You are responsible for payment in full at the time of service.

MINOR AGE PATIENTS:

We require that a parent of legal guardian accompany all minor patients under the age of 17. In the event that this is not possible, a phone call is required from the parent or legal guardian authorizing medical treatment. **(The parent or legal guardian bringing the minor in for medical attention will be held responsible for payment at the time services is rendered, whether it is co-pay or payment in full).**

DELINQUENT ACCOUNTS:

A \$10 billing charge will be added to each outstanding balance if your bill is not paid within 60 days. Accounts 90 days past due may be turned over to an outside collection agency. **Any fees incurred by our office associated with collection on a past due account, including administrative or legal costs, will be the patients responsibility.** The fee of 35% will be added to any past due accounts turned over to an outside collection agency.

CANCELLATION POLICY:

For scheduled office visits, there is a **24-hour cancellation notice policy. OUR ANSWERING SERVICE DOES NOT CANCEL APPOINTMENTS.** A \$35.00 fee will be charged and cannot be billed to insurance. Continued missed appointments will be cause for dismissal from the practice. **A 48hr. cancellation notice is required for all surgeries or you will be charged a \$300.00. We will not bill insurance.**

ACCOUNTABILITY:

I have read and understand the financial and cancellation policy and agree to abide by the terms of this policy.

Patient (please print & sign)

(if a minor Parent/Legal Guardian)

Dated