

Payment Policy

1. **Insurance.** If you are insured by a carrier with which we are out of network, or if we are unable to verify your coverage prior to your appointment, you will be expected to pay for that visit in full at the time of your appointment. Please come to your appointments with your health insurance card and picture ID. Please contact your insurance company with any questions you may have regarding your coverage.
2. **Co-payments.** All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.
3. **Claims submission.** As a courtesy to you, we will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
4. **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
5. **Insurance Nonpayment.** At Reproductive and Endocrine Health, we require keeping your credit or debit card on file as a convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable. Your credit card information is kept confidential and secure and payments to your card are processed only after the claim has been filed and processed by your insurer, and the insurance portion of the claim has paid and posted to the account. You will receive one statement mailed to you regarding your balance. If the balance is not paid in full within 30 days of the statement date, then your credit card will be charged.
6. **Collection.** It is your responsibility to update the credit card/debit card or HSA on file with us. Payments not collected due to out of date or cancelled credit/debit cards will be reported to your insurance carrier as a breach of contract.
7. **Missed appointments.** A \$50 charge will be billed directly to you for a missed appointment that was not canceled with at least 24 hours notice.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party/Date