

FINANCIAL POLICY

We appreciate you choosing Fairhaven OB/GYN for your healthcare needs. It is our objective and philosophy that all our patients receive the best possible care and service. Therefore, your complete understanding of our financial policy as it relates to your financial obligation is essential. Please read this document thoroughly.

- ❖ If you are a member of a health plan that Fairhaven OB/GYN participates with, we will submit your claim to your insurance company. Your co-payment is expected at the time services are rendered. Patients will be billed in full for any services that their health plan deems as “not a benefit” or a “non-covered service,” also for the portion that is deemed their “deductible/co-insurance” or “patient responsibility.”
- ❖ Any overpayment of accounts will be refunded within 2 weeks of receiving the payment. If the refund is less than \$5.00 it will be left on your account to use towards your next appointment.
- ❖ If Fairhaven OB/GYN does not participate with your insurance carrier, payment in full will be required by you at the time services are rendered. Our billing department will send a bill to your insurance company only for maternity care, hospital services, and certain office procedures. All office visits and preventive care must be paid in full. You may be eligible for a cash discount for services not billable to your insurance company and paid the day of your service.
- ❖ Medicare patients are responsible for their deductible, co-insurance, and any services Medicare might deem as “medically unnecessary.” Medicare patients may also be asked to sign an Advanced Beneficiary Notice (ABN) form as required by Medicare for certain services.
- ❖ Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges incurred. For minors, the parent who accompanies the minor for their first visit will be financially responsible for all charges incurred.
- ❖ Fairhaven OB/GYN follows the fee requirements of the State of Indiana for requests of medical records. Payment may be required prior to records being released.
- ❖ There is a \$10 fee per form that we complete for you pertaining to insurance, medical history, Family Medical Leave Act, or disability.
- ❖ Fairhaven OB/GYN accepts cash, personal check, money orders, credit, and debit cards as payment for services rendered. A \$25 fee will be assessed for any check returned for insufficient funds. At that time only cash, credit/debit card, or money order will be accepted for payment.
- ❖ Fairhaven OB/GYN reserves the right to turn any account over to collections if it is deemed that the account has been in default of payment or compliance with this policy. In the event you breach this agreement, you agree to pay all collections fees, including attorney’s fees, incurred by us in enforcing the terms hereof, whether or not formal legal proceedings are commenced.
- ❖ If you must cancel an appointment Fairhaven OB/GYN requires a minimum of 24 hours notice. This allows us to give your appointment to another patient. Failure to give 24 hours cancellation notice or failure to keep your scheduled appointment could result in a charge of \$75.00.
- ❖ If Fairhaven OB/GYN is required to send more than one statement attempting to collect patient due monies, a \$5.00 statement fee will be applied. This fee will be added for each additional statement until the account is paid in full. There is a \$5.00 statement fee for any copay not paid at time of service.
- ❖ Fairhaven OB/GYN requires prepayment of deductible and co-insurance for “non-emergent” procedures, surgeries, and obstetrical care.