

South Sound Women's Center Financial Policy

SSWC has developed a Financial Policy that clearly outlines patient and practice financial responsibilities. We are committed to providing our patients with the best possible medical care and also minimizing administrative costs. This Financial Policy has been established with these objectives in mind and to avoid any misunderstanding or disagreement concerning payment for professional services.

1. Our office participates with numerous insurance companies and managed healthcare programs. For patients who are members of these plans, our business office will submit a claim for services rendered. All necessary insurance information, including special forms, must be completed by the patient prior to leaving the office. If a patient has insurance that we do not participate in, our office is happy to file the claim upon request, however, payment in full is expected at time of service.
2. It is the patient's responsibility to pay any deductible, co-payment or any portion of the charges as specified by the plan at the time of visit. Any medical services not covered by an individual's insurance plan are the patient's responsibility and payment in full is due at the time of visit. If this is not possible, we will be happy to reschedule your appointment.
3. Payment for professional services can be made with cash, check or credit card.
4. Financial assistance is available for qualified patients. If a patient feels that she or he may qualify for assistance, an appointment should be scheduled with the billing office.
5. Patients who do not have insurance are expected to pay for professional services at time of service unless prior arrangements have been made with us.
6. It is the patient's responsibility to ensure that any required referrals for treatment are provided to the practice prior to the visit. Visits may be rescheduled or the patient may be financially responsible due to lack of the referral.
7. It is the patient's responsibility to provide us with current insurance information and to bring an insurance card to each visit. In addition we require your social security number and a government issued ID.
8. Our staff will answer insurance questions relating to how a claim was filed or regarding any additional information the carrier might need to process the claim. Specific coverage issues, however, can only be addressed by the insurance company member services department (telephone number is on the insurance card).
9. The adult accompanying a minor and the parents (or guardians of the minor) are responsible for payment at the time of service. For unaccompanied minors, non-emergent treatment will be denied unless charges have been pre-authorized or payment by credit card, cash or check at time of service has been verified.
10. Unpaid balances are subject to a 1.5% per month service charge.
11. A 25.00 dollar charge will be assessed for all returned checks.

Our practice 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 office. *We are here to help you.*

Patient's Signature: _____

Printed Name: _____