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Financial Policy

We are dedicated to providing our patients with the best possible care and service, while keeping the cost to you from increasing at an unreasonable rate. We ask your help by understanding and cooperating with our financial policies.

We participate with many major insurance plans. Please check with our office manager to see if we participate with your particular plan. If we do participate with your insurance plan, all services performed in our office and at the hospital will be submitted to them, unless we have received prior notification of non-covered services. All co-pays, deductibles and co-insurance are the patient's responsibility.

HMO coverage plans may require referrals for services. It is the patient's responsibility to obtain the referral PRIOR to the time of service. If a referral is NOT presented at the time of service, your appointment will need to be rescheduled. All copayments are due at the time of service.

If we DO NOT participate with your insurance company, we WILL NOT accept payment from them as payment in full for services performed. All insurance carriers have a schedule of fees that they will pay. However, our fees may be more than what the insurance company allows. Therefore, any balance not covered becomes the responsibility of the patient. Payment is due at the time of service. We will provide you with an itemized bill to submit to your insurance carrier for reimbursement.

It is important for you to understand that your health care coverage is an agreement between you and your carrier. Your provider's care and charges are an agreement between you and your provider. We are not responsible for determining your benefits. Please contact your insurance company with questions about your coverage.

Our office accepts cash, personal check, Visa, MasterCard, Discover and American Express for your convenience. All payments are expected at the time of service. Any outstanding balances are due within 30 days, unless prior arrangements have been made with our office. All past due balances are assessed a 1% per month finance charge after 60 days. All balances that reach 120 days past due will be sent to a collection agency, and all collection fees and legal fees incurred will be the responsibility of the patient. Payment in full of any past due balance is expected prior to being seen in our office in the future.

I have read and fully understand the financial policy of Avalon-A Center for Women's Health and agree to the above terms. I also understand and agree that terms of this policy may be amended by Avalon at any time without prior notification.

Signature _____ Date _____