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### FINANCIAL POLICY

Avalon – A Center for Women’s Health is dedicated to providing our patients with the best possible care and service, while keeping the costs to you from increasing at an unreasonable rate. We ask for your help by understanding and cooperating with our financial policy.

#### Insurance:

We participate with many insurance companies. Please check with the office manager to see if we participate with your plan.

If we do participate with your insurance company, all services performed in our office and the hospital will be submitted to them, unless we have received prior notification of non-covered services. All copays and deductibles are the patient’s responsibility.

HMO insurance 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 the appointment will need to be rescheduled. All co-payments are due at time of service.

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

It is important for you to understand that your health insurance coverage is an agreement between you and your insurance carrier and your provider’s bills for the services provided to you, is an agreement between you and your provider.

Our office accepts, Visa, MasterCard, Discover, and American Express for your convenience, as well as cash or a check. All payments are expected at the time of service, and any outstanding balances are due within 30 days, unless prior arrangements have been made with our office. All past due balance 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, you will be financially responsible for all collection fees and legal fees that our office incurs through the process utilized to collect the outstanding delinquent balance. 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 BY AVALON AND AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF THIS FINANCIAL POLICY MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE PATIENT.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_