

Policies, Guidelines and Responsibilities

As you know, healthcare has undergone major changes in the past few years that impact you, your physician, and the office staff in this regard. In order to ensure you have a positive experience and there are no misunderstandings regarding the financial and other aspects of your care, please read and sign this document entitled Policies, Guidelines, and Responsibilities, acknowledging your understanding of the policies concerning your financial and other responsibilities, as well as the DISCLAIMER below. If you have any questions, please consult with your physician or a member of the staff.

- You are required to present a copy of your current insurance card prior to and at the time of your visit. If you are unable to present your card before seeing the physician, the visit may be considered fee for service and full payment may be collected. If you are an established patient, please verify all patient and insurance information you previously provided and notify this office of any changes.
- Your physician will file your primary and secondary claims for you. After your insurance processes the claim, the appropriate adjustments will be made. Please note that you are responsible for any co-pays, deductibles, or co-insurance amounts as set forth by your insurance company, and they will be collected at the time services are rendered.
- Your physician will try to verify all benefits prior to appointments, but in some cases this is not possible. Ultimately, it is your responsibility to determine if your physician is a participating provider on your plan, what your benefits are, whether your insurance is currently in effect, and to provide your physician with that information. When applicable, it is your responsibility to see that any required referral has been obtained. In the event your insurance claim is denied, you will be responsible for the services rendered. When the staff calls your insurance to verify benefits, your insurance provider makes a disclaimer that the benefits being quoted are only an estimate. If you receive a bill after your share has been collected at check out, it is because the benefits your physician quoted were incorrect or the claim was paid incorrectly. In either case, it is your responsibility to either pay the balance or to contact your insurance company if you feel there is an error.
- Your insurance company may request further information from you before processing the claim for your medical care. This is usually "Coordination of Benefits" information, which means your insurance provider wants to know if you are covered under any other health insurance plan. Your failure to comply promptly with their request will result in non-payment of the claim for your medical care. In the event this occurs, you will be held responsible for the entire claim balance.
- In the event your insurance does not respond to the claim for your medical care within ninety days, your physician may bill you for amount of our claim. Your physician will have resubmitted the claim at least once by that time. At that point, it will be necessary for you, the consumer, to call your insurance and inquire why they are not paying the claim. If they need this office to submit the claim again, please call this office and your physician will be happy to comply.
- You may pay by cash, personal checks, and most major credit/debit cards. There will be a \$25.00 charge for any returned checks. If not redeemed within ten days, returned checks are delivered to the District Attorney's office for collection. Payment of your physician's statement is due upon receipt. In the event your account becomes past due, this office will make a concentrated effort to collect, but when necessary an outside collection agency may be engaged to collect any outstanding amounts.
- **DISCLAIMER: You understand and agree that "Grapevine OBGYN" is not a legal entity. It is simply a name used by Drs. Rost, New, and Marshall to facilitate obtaining necessary documents from their patients. Although Drs. Rost, New, and Marshall practice within the same office complex, they do not practice together in any type of partnership or other legal entity. You also understand and agree that each physician is solely responsible for his own medical practice and patient care, and no physician is responsible for the actions of any other physician.**

CONSENT TO TREATMENT

This consent provides us with your permission to perform reasonable and necessary medical examinations, testing and treatment. By signing below, you are indicating that (1) you intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended; and (2) you consent to treatment at this office. This consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services.

You have the right to discuss the treatment plan with your physician about the purpose, potential risks and benefits of any test ordered for you. If you have any concerns regarding any test or treatment recommended by your health care provider, we encourage you to ask questions.

I have read and understand these Policies, Guidelines, and Responsibilities. My signature indicates my willingness to comply fully or accept responsibility for payment of any claim denied due to noncompliance. My signature also evidences my understanding and agreement of the DISCLAIMER, including that each physician is solely responsible for his medical practice and patient care. My signature also signifies my consent for treatment as stated above.

Patient Signature (Guardian if patient is a minor) Date