Physician's for Women's Health
Women's Obstetrics and Gynecology, P.C.
115 Technology Drive, Suite A200
Trumbull, CT 06611
Telephone (203) 268-2239 Fax (203) 268-9143

We are committed to providing you with the best care possible. This goal is best achieved if everyone is aware of our policies. Your clear understanding of our financial policy is important to our professional relationship.

Non-Emergency Appointments:

Gyn exams, physicals, and any non-emergent follow-ups may be rescheduled if there are outstanding balances or co-pay is not paid at time of service. Health insurance is a contract between you, your employer, and your insurance company. It is important for you to be an informed consumer who understands the specifications of your insurance policy, visits, referral and authorization requirements, x-rays, ultrasounds, lab tests, etc .. If you are experiencing financial difficulty, please let us know.

Billing and Collections:

- Dependent(s) on parent's policy up to the age of 26 years old, the parent (Subscriber of the policy) and or the dependent are responsible for full payment at the time of service and all outstanding balances.
- A $40 fee will be charged for all returned checks and your account will be placed on a "cash or credit card basis only."
- A $10 fee will be charged for certified mail sent to you for follow-up appointments or any other communications.
- A $15 fee ($25 for urgent request) will be charged for all FMLA, disability and other administrative paper work.
- The credit card on file/system will not be used for any purpose other than outstanding balances (co-pays, deductibles, co-insurance, non-covered charges and rejected claims. A statement of balances charged to your on-file credit card will be provided upon request. Please check your insurance Explanation of Benefits (EOB) for details.
- **Missed appointments and late cancellations** will be charged a $150 fee. Cancellations are requested 24 hours in advance prior to appointment. After a second missed appointment, we may discharge you from the practice.
- We may discharge you from the practice for any disparaging/negative remarks on social media related to a provider or the practice in general.
- **You will be discharged from the practice for any outstanding balances sent for collections to an outside agency. We will not provide any medical care effective the collection date.**
- You **Must** provide any update to your insurance policy prior to your visit. It is your responsibility to update changes to your insurance, address, phone number etc.

Participation with Insurance Companies:

- All services will be submitted as a courtesy to your insurance. If the insurance does not cover services (including rejection due to invalid information, timely filing, cancelled policy, non-network provider, non-covered procedures etc.) that were performed, any balance will become the patient's responsibility.
- If we don't participate with your insurance company, payment is due at the time of service.
- We suggest you contact your health insurance plan in advance of your appointment to discuss coverage and reimbursement. It is important for you to understand your benefits as they relate to services your physician may provide or prescribe.

Patient Initial: _____ ***Date:*** _____

Parent's name and address (for Dependent Policy holder):
Name: _____
Address: kjkl/ _____
DOB and Phone # kjkl; _____

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The following credit card will be kept on file with Women's Obstetrics and Gynecology, P.C. and will not be used for any purpose other than outstanding balances, i.e.- co-payments, coinsurance, deductibles, and charges not covered by insurance. If, however, your account is more than 30 days from the date of services, we will use this card to bring your account current. Please check you EOB (Explanation of Benefits) from your insurance for details.

Additional Credit Card Information:

Type: ☑ Visa ☐ MC ☐ Discover ☐ American Express

Card Number: _____Expiration Date: _____

Name as it appears on card: _____3 Digit Code: _____

Signature: _____Date: _____

HSA Card Information:

Type: ☐ Visa ☐ MC ☐ Discover ☐ AMEX

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____3 Digit Code: _____

Signature: _____ Date: _____