

BARRINGTON HEALTH CARE FOR WOMEN

Appointment Policy: Our office requires 24 hours for cancellation of appointments. This will allow us to give your appointment to another patient. Failure to notify our office of missed appointments may result in a cancellation fee.

Past Due Accounts: A \$15.00 per month rebilling fee will be assessed to my account for any patient balance not paid after 60 days.

After Hours Calls: The on-call physician is available for emergency calls. We will not refill prescriptions after the office is closed. For phone consultations after hours there will be a \$50.00 fee. If a phone call is required to a pharmacy, there will be an additional \$20.00 fee.

Administrative Forms: There is a 25.00 fee to complete disability forms. Please provide us with all of the necessary information to properly complete the form. We will get them done for you in a timely fashion.

Self-Pay Patients: Payment in full is due at the time of service. If you are an OB patient please contact our billing office to set up your payment plan.

HMO/PPO Patients: Co-pays are expected at the time of service. Insurance cards are checked at every visit. If you do not have your insurance card or your co-pay we do not consider you ready for your appointment and may need to reschedule. HMO referrals are not required for services that are provided in our office but are required for services done at other facilities. Some referrals can be written by our office and some only by your primary care physician. Please check with your insurance.

Medicare: Barrington Health Care for Women accepts Medicare assignment. Please have your Medicare card with you for your visit. With limited benefits being provided by Medicare, please be aware that your annual exam may not be a covered benefit.

Red Flag Rule: A new mandate, the "Red Flag Rule" under HIPAA requires mandatory compliance by healthcare providers to have an Identity Theft Program in place by August 1, 2009. Barrington Health Care for Women will comply to these rules because we understand the importance of doing our part to fight identity theft for the protection of our patients. A copy of your driver's license or other photo ID will be copied and kept in your file. This information is protected and only shared with your permission. In addition, the staff has been properly trained in identity theft prevention.

I agree to pay for all medical services provided to me by the doctor. The office will file an insurance claim on my behalf, however if my insurance company refuses payment for any reason I will pay upon written notice of their refusal.

I further agree and understand that this office can only code and file a claim for my visit with the diagnosis that was encountered and documented in my medical record. It is considered a fraudulent act to ask the office to change a diagnosis solely for the purpose of securing reimbursement from my insurance company.

I understand that I will be charged collection fees and or reasonable attorney fees if payment is not received when due.

- Assignment of Insurance Benefits: I hereby authorize direct payment of benefits to Barrington Health Care for Women.
- Authorization for Release of Information: I hereby authorize Barrington Health Care for Women to release any medical information necessary for processing of my insurance claim if requested by my insurance company.

PHONE NUMBER FOR TEST RESULTS: _____

MAY WE LEAVE TEST RESULTS WITH?
(circle all that apply)

FAMILY MEMBER
ANSWERING MACHINE
NONE

Patient Name: _____

Date: _____

Date: _____

Date: _____

Patient Signature: _____