



Patient Financial Policies

No Show fees- There is a \$50.00 No Show fee for patients who do not give a minimum 24 hour notice of cancellation (leaving voicemails after hours for a next or same day appointment do not count) or those whom simply do not show up for a scheduled appointment. It is the responsibility of the patient to keep track of their scheduled appointments with our office and our office provides a courtesy appointment reminder 2 days in advance of each appointment. It is the patient responsibility to ensure we have a valid phone number and the capability to leave a voicemail if there is no answer at the patient number provided.

Annual Exams- Annual Exams cover a Medical History, Measurement of Height and Weight, Measurement of Blood Pressure, Performance of a Breast Exam, Performance of a Pap Test with HPV probe (if applicable), Contraception Refills and HRT Refills. It does **NOT** include: discussion or addressing of any new or pre-existing gynecological problems. If any new or old issues are addressed in the process of performing your Annual Exam and it requires additional time, ordering of tests, or diagnostic studies, it will be coded and billed as an additional non Annual/Preventative visit and will require a copay or deductible at checkout.

Copays/Deductibles/Co-insurance- If you are using insurance, all copays, deductibles and coinsurance is due at the time of your visit for services provided by our office. This is due at each visit unless you have had recent surgery performed. Copays are due for office visits without an in-office procedure. If an in-office procedure is performed such as an IUD insert, biopsy, colposcopy, colposcope, LEEP, Bladder testing, etc.; many insurance apply those services towards deductibles and coinsurance. If not collected at the time of services, charges will be billed to you and are due in full upon receipt. It is the responsibility of the patient to review his/her insurance policy prior to having services rendered.

Payment Arrangements- If you need to make payment arrangements on the amount owed, we will require half of the amount due before services are performed and will be happy to set up a payment arrangement on the balance. Our office is willing to work out payment plans as long as the account is in good standing and has no prior history of collections with us. Interest of 1.5% per month will be charged on any balance after 6 months or will start immediately if we do not received your scheduled payment every month. These arrangements must be set up prior to your appointment. Delinquent accounts will be turned over to a collection agency and no further visits will be made until your account is paid in full.

Patient Account Collections- There is a \$25.00 charge added to any patient account turned over to collections for nonpayment for services provided.

Surgery Cancellation Fees- Should you not wish to keep a scheduled surgery, you **MUST** contact us 21 days prior to your surgery to cancel. If you fail to contact us 21 days before your surgery date, you will be charged a \$250.00 cancellation fee. While this fee may seem high, it does not begin to cover the costs associated with booking all of the staff including assistant surgeons for the surgery we had scheduled specifically for you.

I, _____ (print name) have read the above patient financial policies of Women's Pelvic Specialty Care of NM, LLC and do solely agree to the above named policies and acknowledge that these policies remain in effect for the entirety of my relationship with this clinic as a patient. I also furthermore acknowledge I have been offered and/or given a copy of this notice.

Signed: _____ Date: _____

WPSC Witness: _____ Date: _____