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## Financial Policy & Procedures

We are pleased to participate in your health care and look forward to establishing a lasting relationship as your health care provider. These policies and procedures will establish the expectations you will receive from our providers and also what we expect from you as our patient. In an effort to create understanding, we request that you carefully read and sign the financial policies and procedures of Magnolia Obstetrics and Gynecology, PLLC.

- It is the patient’s responsibility to be well-informed of their insurance benefits and the requirements therein, i.e. copays, deductibles, coinsurance, pre-existing clauses and any benefit exclusions.
- Our practice participates with a variety of insurance plans including Medicare. It is the patient’s responsibility to provide our office with a current insurance identification card at each visit. In the event that our office is not notified of updates or changes to your policy, you will be financially responsible for the entire amount due for that date of service.
- If our office is not contracted with your insurance carrier, the patient is required to make payment at time of service, regardless of any anticipated insurance reimbursement. We will file the claim to the insurance carrier on behalf of the patient. The insurance carriers that we do not have contracts with are not obligated to make direct payment to our office, thus, possibly sending any payment directly to the patient.
- All copays, deductibles and co-insurance are due at the time services are rendered. In the event of a scheduled surgery or procedure, during your pre-op visit our office will collect any copays, deductibles and co-insurance determined by your insurance company.
- It is the responsibility of the patient to obtain any referrals and/or pre-certifications required by your insurance company prior to your visit. In the event a referral is required and not obtained, payment for services rendered will be the patient’s responsibility at the time of service.
- A fee of \$35 will be charged to the patient in the event of a returned check fee.
- Based on the terms of your insurance policy, our office is required to utilize a contracted laboratory for your test results. In the event you receive a bill from that lab and have questions, please contact their office directly as we do not have access to the statement to which the laboratory has sent you.
- Accounts with a balance over 30 days old will be considered delinquent. Our office will attempt to collect this balance through statements and collection calls. Therefore, if for any reason you are unable to settle your account within 30 days, it is imperative that you contact our business office to establish payment arrangements. It is important to note that any balance over 90 days old may be placed with a collection agency and/or credit bureau. If it becomes necessary to utilize an outside collection agency, you will be charged the amount for the collection fees, attorney fees, and allowable court fees. If you disregard our collection attempts, we can only assume that you do not intend to pay for the medical services that were provided to you in good faith, thus our professional relationship could be dissolved.
- For non-emergent routine issues, i.e. prescriptions refills, test results, medication questions, we ask that you please contact our office between the hours of 8:45 a.m. to 4:30 p.m., Monday thru Friday. Regarding prescriptions refills, you must contact your pharmacy to request any refills and they will in turn contact our office via fax or electronic prescriptions for authorization. Refills will not be processed after hours. Under certain circumstances, our office may charge the patient \$50 for an unnecessary after-hours call.
- Sometimes canceling your appointment with little or no notice cannot be avoided. We do ask, if possible, please contact our office 24 hours prior to your visit if any changes are required. **No shows or cancellations within 24 hours may result in a penalty fee of \$50. Procedures cancelled within one week of the scheduled procedure, a \$300 fee will be assessed.**
- A fee of \$25 will be charged to the patient for completion of short-term disability forms and creditor forms.

Our practice believes that a good physician-patient relationship is based upon understanding and good communication. Questions regarding Magnolia Obstetrics and Gynecology, PLLC, policies and procedures should be directed to our business manager. Please sign that you have read and agree to the financial policies and procedures.

Patient’s Name: \_\_\_\_\_

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

\_\_\_\_\_  
 Patient Signature

\_\_\_\_\_  
 Date/Time