

**WILLIAMSBURG OBGYN
FINANCIAL POLICY**

Thank you for choosing Williamsburg OBGYN for your healthcare needs. Please understand that payment of your bill is considered your responsibility. The following is a statement of our Financial Policy which we require you to read and to sign prior to any treatment. To achieve the practice goals of providing the finest medical care at the lowest possible cost, we need your assistance in the following:

PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECKS, VISA, DISCOVER, AND MASTERCARD.

If you have insurance coverage, we will file the claim for you. Payment for treatment is your responsibility. All copays and deductibles are due at the time of service and must be paid prior to any treatment or surgery.

If an insurance problem occurs, you may be asked to assist us in contacting your insurance carrier. Please be aware that some of the services provided may be non-covered and not considered reasonable and necessary under the Medicare Program and/or other medical insurance.

We will check the status of your insurance benefits when we schedule any procedure. If your deductible has not been met, we will require payment of that amount and any additional co-insurance or co-pay responsibility.

Return checks may be subject to any bank fees and a collection fee of \$25.00 per check.

If you have any questions about financial arrangements, please feel free to talk with our billing office at 757-253-5653. We will make every effort to clarify any concerns regarding your financial responsibility.

Thank you for your assistance in this matter.

I HAVE READ THE ABOVE FINANCIAL POLICY AND AGREE TO ABIDE BY ITS TERMS.

Signature of Patient or Responsible Party

Date

Print Patient Name

Date of Birth