

Plano Women's Healthcare, P.A.

Obstetrics, Gynecology & Infertility

1600 Coit Road, Suite 202
Plano, Texas 75075

Telephone:
(972) 596-2470

Thank you for choosing Plano Women's Healthcare for your obstetrical and gynecological needs.

The purpose of this form is to better acquaint you with the payment policies of this office. Please present your insurance card to the receptionist upon check-in. You must present your card every time you are seen in this office. Intentional misrepresentation of your insurance coverage is grounds for dismissal from this practice. You may also be held liable for any fines or penalties assessed to this office by or on behalf of the insurance company.

Our office participates in several PPO and HMO insurance plans. Non-PPO/HMO plan patients are responsible for all amounts deemed above the usual and customary or otherwise not paid for by their insurance carrier. If we are providers on your insurance plan, contractual adjustments will be taken. It is your responsibility to verify your insurance eligibility and deductible information prior to your appointment. You will be responsible for all co-pays, co-insurance, and deductibles along with any service that is not covered on your insurance plan. Your co-pays and any applicable deductible amounts may be collected at the close of your appointment. All non-insured patients must pay for each visit in full at the time of service. Our office accepts the following forms of payment: Cash, Check, MasterCard, Visa and Discover. All account balances not paid in full within 30 days will be sent to our collection agency.

Plano Women's Healthcare carefully reviews fees every year to ensure they are representative of the Plano area and for the quality of care which we provide to our patients. It is not the responsibility of this office to dispute these differences with your insurance carrier. Please do not hesitate to contact the insurance department if you have any questions.

Letters written and forms completed at your request may be subject to a fee depending on the context and time involved in producing such letter/form. You will be notified of the fee prior to processing.

Please be aware that there will be a \$25.00 fee charged to your account for all No-Shows or appointments that you fail to cancel within 24 hours prior your appointment.

We realize that you have many choices for healthcare. We appreciate the opportunity to provide you with excellent care. Thank you for choosing Plano Women's Healthcare.

I have read and understand the payment policies of Plano Women's Healthcare, P.A.

Print Patient Name

Date of Birth

Patient Signature

Date of Appointment

Please sign below indicating that you have read and all of your questions have been answered.

With the new guidelines of the Affordable Care Act (ACA), preventative health care is now covered without being subject to deductible or co-insurance. However, please be aware that preventative health care does not include the management of common counseling/illnesses such as procreative counseling, depression, hormone replacement therapy, hypertension, menstrual irregularities, infections or follow-up of abnormal lab work, just to name a few. In accordance with national guidelines and our contract with your insurance company, these illnesses are coded, billed and paid separately. Management of an illness in conjunction with your preventative visit will be applied to your deductible, co-pay and co-insurance. You have the option of discussing everything with your physician at your visit today. If this is your choice, we will bill your insurance and collect your co-pay today. We will bill you for your co-insurance and deductible accordingly.

Signature: _____ Date: _____