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## FINANCIAL AGREEMENT

**PAYMENT POLICY:** Payment is expected at the time services are rendered. We accept cash, check VISA or MasterCard American Express or Care Credit. Arrangements must be made for the payment of any balance greater than \$200.

**MEDICAID/SOONERCARE PATIENTS:** Medicaid/SoonerCare patients will not be seen unless a current Medicaid/SoonerCare card is presented at each visit and eligibility has been verified. Any patient without a current card will be re-scheduled. Medicaid/SoonerCare gynecology patients will also be required to obtain and present a referral from their PCP. If the patient does not obtain and present a referral the appointment will be cancelled.

**MEDICARE PATIENTS:** We accept medicare assignment, therefore, we will gladly file your medicare and secondary insurance claims. However, you will be responsible for your deductible, coinsurance and any charges not covered by Medicare.

**RETURNED CHECKS AND/OR NON-PAYMENT OF ACCOUNT:** All returned checks will be subject to a collection fee. Returned checks not paid within 30 days of receipt will be turned over to the District Attorney's office. Receipt of two (2) returned checks in any 12 month period will result in our inability to accept future payment by check. Payments at that time will need to be cash, money order, or credit card.

Accounts that are delinquent for greater than 90 days will be turned over to our Collection Department for processing. Once an account has been turned for Collection, it must be paid in full before we can see the patient again.

**INSURANCE:** Please remember, your insurance is a contract between you and the insurance company. As a service to you, we will be happy to file your insurance. However, the ultimate responsibility for all charges is yours.

**COMPLETION OF INSURANCE/EMPLOYER FORMS:** there will be a completion fee for each form requested to be filled out for your insurance company or employer. Payment must accompany forms at the time of the request. Please allow 3 business days for completion of forms.

**I HAVE READ AND UNDERSTAND THE ABOVE POLICIES AND AGREE TO ABIDE BY THEM.**

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Signature

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Date

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