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**OGEECHEE OB-GYN**

**PATIENT CARE / FINANCIAL AGREEMENT**

**(Updated 05/01/2023)**

As a courtesy to the patient, we attempt to obtain insurance information and verify benefits prior to service. However, it is ultimately the responsibility of the patient to understand her coverage benefits and restrictions. Certain services and/or diagnosis may not be covered by your health insurance policy. **IN THE EVENT OF DENIAL OR NON-COVERED SERVICES, THE PATIENT IS STILL FINANCIALLY RESPONSIBLE FOR ALL SERVICES RENDERED.** It is the responsibility of the patient to provide proof of insurance at the time of service. If you fail to provide accurate insurance data at the time of service, you will be responsible for any balance resulting from failure to provide this information. **FOR PATIENTS HAVING SECONDARY MEDICAID COVERAGE, YOU MAY STILL BE RESPOSIBLE FOR INSURANCE CO-PAYMENTS AND ANY BALANCE RESULTING FROM NON-COVERED SERVICES OR FAILURE TO PROVIDE ACCURATE INSURANCE INFORMATION AT THE TIME OF SERVICE.**

Many insurance companies have separate deductibles and benefits for surgical procedures and laboratory services. When a biopsy, blood work, or a pap smear is performed in the office, the specimen is sent to a separate laboratory facility for processing and examination. This charge is separate from our fees. Ogeechee Ob-Gyn. utilizes LabCorp and PathGroup, as primary reference labs for diagnostic testing. With your authorization, results and follow-up instructions will be sent to you. It is your responsibility to notify us if you do not receive it within three weeks by calling 912-871-6206. Ogeechee Ob-Gyn also utilizes **East Georgia Regional Medical Center** for diagnostic testing and procedures. THE PATIENT IS RESPONSIBILE FOR ANY BALANCE RESULTING FROM NON-NETWORK RESTRICTIONS.

Patients are responsible for their co-payment and/or deductible at the time services are rendered. Co-payments not paid on the date of service will result in a $10.00 service fee. **Uninsured patients must make a minimum payment of $250.00 and sign a payment contract for any outstanding balance**. Monthly payments are required on all accounts to avoid collection action. We accept cash, check or credit card. There is a $50.00 fee associated with returned checks. **PLEASE NOTE THAT IF ANY OUTSTANDING BALANCE IS FORWARDED TO OUR COLLECTION AGENCY, THE ACCOUNT WILL BEAR INTEREST IN ACCORDANCE WITH GEORGIA LAW AND A $50.00 SERVICE CHARGE, REASONABLE ATTORNEY’S FEES, AND ALL COST TO COLLECT THE ACCOUNT.**

I have read and understand the above office practices. I agree to the practices described above as part of my patient care through Ogeechee Ob-Gyn.

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Patient Name (printed) Date of Birth

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Patient Signature Date

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Witnessed Date