

OBSTETRICS & GYNECOLOGY ASSOCIATES
Surgery/Procedure Collection Policy

In an effort to assist our patients, we are providing you with a detailed explanation of our collection policy.

Patients are responsible for co-payments, co-insurance(s), non-covered services, and deductible amounts applied by your insurance company. There will be a \$150 cancellation fee should you cancel your surgery or procedure within 72 hours of the scheduled date. There will also be a \$45 charge for any check returned by your bank.

Should you have a deductible, or should you not have insurance, or if your surgery is considered a non-covered service, you may be required to pay a percentage of the deductible or surgical fee(s) prior to the procedure(s) being performed.

Should there be a balance remaining after your insurance payment is received, arrangements will be made for the balance as follows:

- For balances over \$500, monthly payments are required to resolve your balance in full within 6 months.
- For balances over \$50, monthly payments are required to resolve your balance in full within 3 months.
- For balances less than \$50, payment is required in full upon receipt of your billing statement.

Should you have questions, please contact our Insurance Department at (513) 221-3800.

I, _____, acknowledge this collection policy has
(Please print)

been explained to me and understand I am responsible for all balances on my account.

Signed _____ Date _____

Witness _____ Date _____

Original: Office
Copy: Patient