

## Payment Policy

We are committed to providing quality care to you and your baby. We understand that healthcare costs are important to you. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy can be provided to you upon request.

- 1. Insurance.** We participate with most insurance plans. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
- 2. Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company and is your responsibility as part of that agreement.
- 3. Proof of insurance.** We must obtain a copy of your current valid insurance card as proof of insurance. If you fail to provide us with the correct insurance information, you will be responsible for the balance.
- 4. Medicaid Pending.** Proof that you have applied for Medicaid is required on the date of your visit. If you do not have proof of pending Medicaid it is your responsibility to contact your social worker and have them fax a letter to us stating that you have applied for Medicaid. Our fax number is 910-332-3668. If you are not approved for Medicaid or cannot provide proof of Medicaid Pending, you will be responsible for the balance.
- 5. Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance coverage is a contract between you and your insurance company; we are not a part of that agreement.
- 6. Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.
- 7. Statements.** You will receive a statement for any balance due after claims are submitted and paid by your insurance. It is your responsibility to pay any balance due.
- 8. No Insurance or No Maternity Coverage.** If you have no insurance or your insurance has no maternity coverage you will be responsible for the balance. Payment is due at time of service. Payment arrangements and financial assistance can be discussed with a member of our front office team.
- 9. Laboratory Services.** Laboratory charges will be billed separately by the lab. If you receive a bill from a lab and have questions, we ask that you contact the lab directly.

Our practice is committed to providing the best care to our patients. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

**I have read and understand the payment policy and agree to abide by its guidelines:**

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Signature of patient or responsible party

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Date