

**OBSTETRIX MEDICAL GROUP OF GEORGIA FINANCIAL POLICY
NORTHSIDE WOMEN'S SPECIALISTS AND MATERNAL FETAL SPECIALISTS**

Patient Name (print): _____ Patient Date of Birth: __/__/_____

The goal of Northside Women's Specialists and Maternal Fetal Specialists is to provide the best and most personalized care for our patients. Our goal is to keep your insurance and financial arrangements as simple and as complete as possible. You can help us accomplish this in the most effective manner by adhering to the following:

NWS/MFS/OBX Financial Policies:

1. The patient is ultimately responsible for payment of charges for services rendered from our offices.
2. It is your responsibility to provide us with your current address, contact information, and health insurance information at each visit.
3. It is your responsibility to contact your insurance carrier to confirm that our physicians participate in your plan.
4. All payments for patient portions due (copays, co-insurance, deposits, self-pay payments, etc) are due at time of service.
5. We have clinical protocols that our sonographers and providers follow, which means that if we deem it clinically necessary to do additional procedures, we will do so. We will do our best to inform you of this beforehand, but it is not always possible. Please be aware that any cost that you are quoted before services are rendered is only an *estimate*.
6. If you miss your appointment and do not notify us at least 24 hours in advance, you may be charged a \$50.00 fee.

ANNUAL ADMINISTRATIVE FEE OPTION:

1. Medical record requests must be in writing and received in our office at a minimum of 5 business days before the date they are needed. Fees for this service start at \$10 for 1-3 pages, with additional fees added with the increase in the number of records requested. Please ask the front desk for additional details.
2. Our office collects an annual, optional \$15 Admin Fee for GYN patients. This fee is assessed annually from the date your sign and is valid for 12 months from this date. OB patients may elect an option \$50 Admin Fee. This is intended to cover the cost of certain administrative requests that your insurance company does not cover, i.e. completion of disability forms, chart copying for multiple providers, etc. It is valid for the length of your pregnancy.

I CHOOSE THE ANNUAL ADMIN FEE OPTION

I CHOOSE NOT TO PAY THE ANNUAL ADMIN FEE. I UNDERSTAND I WILL BE CHARGED AND WILL PAY FOR ANY ADMINISTRATIVE SERVICES AS I REQUEST THEM.

I understand and acknowledge the above financial policy.

Patient Signature: _____ Date: _____