



## Financial Policy

The physicians and staff of Women's Care of Wisconsin ("WCOW") welcome you to our clinic. Your health and well-being are our primary concern.

- Upon registration all personal pertinent information will be verified. Your insurance card will be scanned. Any applicable co-pay will be collected at the time of service.
- If you have insurance you are responsible for understanding your plan and the financial responsibilities of that plan.
- *WCOW does not offer in-house payment plans*
- If you have multiple insurance plans we will submit primary and secondary insurance claims for you after service. However, we wish to stress that financial responsibility for services rendered rests with the patient regardless of the nature or extent of any insurance coverage. For your convenience we accept these methods of payments:
  - Cash
  - Check
  - Credit Card – Visa, MasterCard, Discover, American Express
  - G.E. Capital ([www.carecredit.com](http://www.carecredit.com))
- If you do not show for your appointment or cancel within 24 hours prior to the scheduled visit you may be subject to a no-show fee of \$25.00.

If you have any questions please visit our web site at **[www.womenscareofwi.com](http://www.womenscareofwi.com)** or call our knowledgeable staff at 920.729.7105, or toll free 877.729.7105.

**Non-Insured patients-** I understand that payment of charges incurred is due at the time of service.

**Insured Patients-** Women's Care will submit claims to your insurance.

### Important Information – Please read and initial.

#### COLLECTION AGENCY PLACEMENT POLICY:

You are financially responsible for the timely payment of your outstanding bill per our payment policies. You will be responsible for any and all collection agency fees up to 28% of the amount placed with the collection agency. In the event we seek legal action for collection on your account, you will also be responsible for any and all fees associated with court costs, garnishments, and/or attorney fees.

I have read and fully understand my financial responsibility for all services provided by Women's Care of Wisconsin, S.C.

\_\_\_\_\_  
Initials of Patient

(OVER)

**Patient Responsibility:**

To communicate openly with participating providers or health care professionals. If they have questions with the treatment plan, they have the responsibility to discuss their concerns and make certain they understand the explanation and instructions.

To read and understand their benefits as outlined in the summary of member responsibility table and certificate of coverage

To follow the established policies and procedures set forth by their plan as outlined in their certificate of coverage

To follow the plans and instructions for care that they have agreed on with their practitioners

To treat all participating providers or health plan personnel respectfully and courteously

To provide to the extent possible, information that the managed care organization and its practitioners / providers need in order to care for them

To notify their health care providers and health insurance plans of changes in insurance coverage, eligibility, addresses or phone numbers

To keep scheduled appointments or give adequate notice of delay or cancellation

To participate in understanding their health problems and developing mutually agreed upon treatment goals.

To assume the financial responsibility for services rendered regardless of the nature or extent of any insurance coverage.

Not complying with one or more of the patient responsibilities outlined above, may result in the patient not being seen and / or qualify the patient for dismissal according to the policy within the practice.

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Signature \_\_\_\_\_ DOB \_\_\_\_\_

Date \_\_\_\_\_