



Financial Policy

The physicians and staff of Women's Care of Wisconsin, S.C. welcomes you to our clinic. Your health and well-being are our primary concern.

I hereby authorize Women's Care of Wisconsin, S.C. to furnish my insurance company(ies) and its (their) third party administrator(s), attorney, or legal representative all information which said parties may request concerning my treatment and care.

- I am responsible for understanding my insurance plan and the financial responsibilities of that plan.
- I am responsible for paying any co-pay and/or outstanding balance that is due, at each visit.
- I understand that payment for non-covered charges is due at the time of service.
- If my insurance or demographic information changes during the course of my care, it is my responsibility to notify Women's Care of Wisconsin, S.C. of any change in a timely manner.
- I understand that Women's Care of Wisconsin, S.C. expects payment from me for services within 21 days of my billing statement. I can pay using the following methods:
 - ✓ Cash
 - ✓ Check
 - ✓ Credit Card
 - ✓ Care Credit
- I understand that Women's Care of Wisconsin, S.C. utilizes a third party collection agency and my account may be transferred after unsuccessful collection attempts.

If you have any questions, please visit our website at www.womenscareofwi.com or call our knowledgeable staff at (920) 729-7105.

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

_____ I verify that I do do not have Medicaid (Badger Care) coverage.
Initials

Patient Name _____
(Print)

Date of Birth ____/____/____

Patient /Legal Guardian _____
(Signature)

Date ____/____/____