

Lovitt Gynecology & Women's Health

Patient Payment Responsibility Agreement

Insurance Benefits Agreement

_____ I understand that if I am using an insurance plan, payment by an insurance company cannot be guaranteed. I understand that I am responsible to meet my insurance deductible, co-insurance and co-payments, in addition to payment for any services of treatment NOT covered by my insurance carrier. In the event that my insurance carrier refuses to make payment against my claim for services, I accept responsibility for prompt payment for any treatment and services rendered to myself and/or my family member.

Returned Check Policy

_____ If a payment is made on an account by check, and the check is returned as Non-Sufficient Funds (NSF), Account Closed (AC), or Refer to Maker, the patient or the Patient's Responsible Party will be responsible for the original check amount in addition to a \$35.00 Service Charge.

If two checks are returned for any of the above: Lovitt Gynecology will only accept Cash or credit card for any future visits.

Insurance Benefit Quotes

_____ When **Lovitt Gynecology** calls to get your insurance coverage and benefits for an office visit and/or procedure (including surgery, labs, and pathology) it is ONLY a quote it is not a guarantee of coverage.

_____ I understand that if my insurance company does not pay what I was quoted by Lovitt Gynecology I am responsible for any payment that is not covered by my insurance company.

Lovitt Gynecology CAN NOT change diagnosis codes or procedures codes if your medical records do not indicate those diagnosis and procedure codes.

Self-pay Patients

_____ If I am a self-pay patient I am responsible for payment in **FULL** at time of service.

When Lovitt Gynecology is charging you as a self-pay patient so will any Lab services.

Signature: _____

Date: _____