

Vernon & Waldrep OB-GYN ASSOC.

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FINANCIAL POLICY

We would like to welcome you to our office, and are happy you have chosen us for your medical care. Our goal is to provide you with the best possible care available. In order to meet this goal, we need your understanding of our policies. Our Financial Policy is a necessary part of assuring the financial resources needed to maintain this vital health care facility for our patients. Note: If you are receiving outside treatment or services related to services we provide, you should always consider the consequences of out-of-network covered services.

Insurance Companies

We are here to help answer any questions you may have regarding your insurance coverage and payments. However, your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract, unless we are a PPO provider with your plan. Most companies base insurance payments on a Usual and Customary Rate (UCR). Our fees generally fall within the UCR range; unfortunately, some insurance companies reimburse on a fee schedule which may bear no relationship to the current standard and cost of care in this area. Unless we are participants with your plan, you will be responsible for our charges regardless of the company’s arbitrary determination of the UCR. If we are a part of your PPO, we will file your claims directly to your company. If we are not, we will supply you with an extra copy of your office visit “superbill” to send to them. This is a complete form for them to process your charges. We do not file for secondary insurance coverage. NOTE: The Office of the Inspector General strictly prohibits the waiving of copays or deductibles. It is considered fraudulent to accept “insurance only”. (To speak with Texas Department of Insurance, call (800) 252-3439 or ask us for contact information.)

Office Visits

Full payment of services is due at the time of your visit. We accept cash, checks, Visa/Master Card debit & credit cards, American Express and Discover credit cards. If you have a PPO plan, co-payment and deductible amounts will be collected at the time of the visit. If you need an estimate of costs, we will do our best to estimate those costs prior to your visit. We do not always know what the physician will require and this is dependent on your individual health care needs. Once your PPO plan processes or pays your claim, any unpaid balance is due in full upon receipt.

Laboratory Tests (Blood Work/Cultures/Biopsies)

Our office primarily uses Lab Corp & Quest. If your insurance plan is contracted with another lab, or if they require direct billing with a lab, you are required to notify the nurse prior to having blood drawn, biopsies performed, or cultures. Otherwise, we will draw your blood, send cultures and/or tissue samples, and bill you directly. If you desire an estimate of cost, please ask us.

Surgical Procedures

We will file insurance claims as a courtesy for patients requiring surgery. Surgery Deposits are required, and payment is to be made at your pre-op visit. The deposit is an estimated amount and consists of your deductible (if not met) and your co-payment percentage (i.e. 80/20% or 70/30%) of the total cost. You should contact the business office prior to your pre-op visit to discuss the amount expected. We will do everything we can to ensure your claim is paid. However, you are the responsible party, and you will be expected to pay any remaining balance.

OB Care

Payment for OB care is discussed individually. You will meet our OB insurance representative on your first or second visit to review expected charges and payments.

Patient Requested Telephone Conferences

We encourage you to schedule an appointment if you need to visit with your physician. If you request a phone conference, there is a charge for the first (5) minutes and for each additional (5) minutes.

Unpaid Balances

Balances are due within (30) days from the first statement mailed. After that, a letter will be sent and (15) days following that letter, the balance may be reported to consumer reporting agencies. Patients have (45) days to discuss balances due with our Business Office personnel. After (45) days, all care will be cash basis in advance. When the balance is reported to the collection agency, you will be discharged from the practice and must find another physician to provide your care.

Fees for Business Activities

There are fees for completion/preparation of the following forms & correspondence which are not covered under your insurance plan: Forms for school physicals, sports physicals, camp registration, disability, FMLA, LOA; written correspondence to employers, adoption agencies, schools, and insurance companies; reissuing previously written prescriptions. These fees are collected in advance.

Thank you for choosing us as your OB/Gynecologist. We believe it is important that our patients fully understand our financial policy, so we may concentrate on you and your medical needs. It is your responsibility to notify us in writing of any changes in the account status (i.e. changes of address, work and home phone numbers and insurance information.) Our business office is available during office hours, and we welcome any questions you may have regarding our policies.

I have read the above and I understand and agree to this financial policy.

Printed Name of Patient

Signature of Patient (Responsible Party)

Date