



## COURI CENTER

— for Gynecology and Integrative Women's Health —

WELCOME TO THE COURI CENTER. We look forward to providing you with the highest quality care and trust. We hope you will find our staff friendly and helpful. Our office participates with many major insurance companies. Due to the current environment in health care, out patients need assistance in many different ways.

- Please have your current insurance ID card available at each visit so we can avoid filing errors. Errors and changes in policy coverage prevent us from filing your insurance with only a policy number and company name, therefore, we will **not** file insurance for you without a copy of your current ID card. If at any time your insurance should change, especially during pregnancy, our office must be notified immediately of the change to accurately file claims.
- The cost of medical care is determined by the nature and complexity of your illness or the reason for your visit. There is no “flat rate” for examinations and treatment. Insurance is a contract between you and your insurance company. As a service to you, our office makes every reasonable effort to obtain payment according to your coverage. Regardless of the type of insurance coverage you have, you are ultimately responsible for paying your medical bills. If your insurance company rejects the claim or delays payment, the office will bill you after 30 days or those charges. It is **at all times** your responsibility to follow up on all requests from your insurance company regarding claims and to question your insurance company about any unpaid claims.
- All co-payment, co-insurance, and deductible amounts are due and payable at the time of check-in. This policy is in accordance with the legal requirements for collecting patient responsibility amounts. All charges are due and payable 60 days from the date of service. Unresolved balances may be placed with an outside collection agency and may also be subject to finance charges, attorney fees and collection agency fees.
- The responsibility for payment for services rendered to any dependent children whose parents are divorced or separated rests with the parent who seeks treatment. Any court ordered responsibility judgment must be determined between the individuals involved without the inclusion of our office.
- Failure to provide necessary referrals and/or authorizations will result in all charges for services becoming the sole responsibility of the patient/responsible party.
- Self-pay individuals will be expected to pay in full at the time of service.

- All Integrative Medicine appointments will be expected to pay in full at the time of service. Unless cancelled at least 48 hours in advance, our policy is to charge \$100 for any missed appointments.
- A \$25.00 service charge will be applied to your account for all returned checks.
- Our office policy is to charge a patient \$40.00 for any Gynecological appointment that is not cancelled within 24 hours. Procedural appointments (BHRT pellet insertion, colposcopy, LEEP, removal of moles, skin lesions etc.) that are not cancelled within 24 hours will be charged \$100.00. Please help us serve you better by keeping scheduled appointments.
- Our practice accepts Visa, MasterCard, Discover and American Express for your convenience. We also accept personal checks and cash. We deliver the finest care at the most reasonable cost to our patients, therefore, payment is due at the time the service is rendered unless prior payment arrangements have been made. In most cases your insurance plan requires you to make co-payment at your visit. We will ask you for your co-payment upon check-in. If you are unable to pay your co-payment we may ask that you reschedule your appointment.

Thank you for reading and cooperating with the policies at Couri Center. It is our hope that the above financial policy will allow us to provide quality care to our patients. If you have any questions or need clarification on any of the above policies, please do not hesitate to contact our Business Office.

**Authorization:**

I agree to abide by the terms of the above financial policy and accept responsibility for any balance not covered by my insurance company; therefore, I authorize my insurance company, attorney, or other parties to pay directly to Couri Center and/or provide any information regarding payment of my bill. If my account becomes delinquent, I agree to pay all costs incurred in collecting the account, including a reasonable attorney's fee.

I authorize the physician in charge to administer medical care as necessary, including allowing release of records or medical reports on my physical condition to any party involved in my treatment.

D/O/B \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Individual if patient is a minor \_\_\_\_\_