



Women's Health Care of New England
761 Main Ave Norwalk, CT 06851
203 644-1100

FINANCIAL RESPONSIBILITY FORM

INSURANCE COVERAGE

- It is your (patient's) responsibility to know your insurance coverage benefits, policy provisions, exclusions and limitations as well as authorization requirements. This information is furnished by your insurance.
- Office staff will attempt to verify insurance coverage at the time of service. However, if your coverage is not in effect at the time of service, financial responsibility for payment is yours.

CO-PAYMENTS, CO-INSURANCE AND DEDUCTIBLES

- Co-payments, co-insurance and/or deductibles are the patient's responsibility.
 - Co-payments are due at the time of the visit. If you do not make your copayment at the time of your visit, an additional \$10.00 fee may be charged.
 - Deductible details are determined by the contract you have with your insurance carrier. Office staff does not know how much each patient's deductible amount is or how much has been met at the time of your visit.

INSURANCE CHANGES

- If you have any change in your insurance coverage – even a small change (e.g. your co-payment amount or in the expiration date of the policy) you must notify office staff to avoid claim denial.

REFERRALS

- It is your responsibility to obtain any referrals required by your health plan.

PREVENTIVE (WELL) VISITS/ANNUAL EXAMS

- Tests for your problems/complaints at your well visit may not be considered preventive; this is determined by your insurance and you would be responsible for payment of those needed tests.
- If you are seen for a well visit, it is fraudulent to change this to a "problem" visit for payment.

NON-COVERED SERVICES

- You are responsible for payment of all "non-covered" services as determined by your insurance after a claim is submitted; office staff would not know this at the time of service.

NO-SHOW POLICY

- Adequate notice is needed if you cannot keep your appointment. Unexpected events can occur resulting in the need to change your appointment, however at least 48 hours notice is required. Failure to provide 48 hours notice will result in your responsibility to pay a \$50 no-show fee.

INSURANCE REQUESTS

- You are responsible for responding to any requests from your insurance company for additional information. Not doing so will result in a claim denial and you will be responsible for payment.

We emphasize that our relationship is with you the patient, not with your insurance company. It is your responsibility to know your insurance policy details and requirements.

I have read and I understand this financial responsibility form; my signature below indicates my agreement to comply, and that I agree to undergo the tests recommended by my provider.

Patient Signature

Print Name

Date