

## **GWMFM BILLING POLICY**

Please provide us with current, valid & accurate PRIMARY insurance information.

Please inform us immediately when that coverage changes.

MEDICAID POLICYHOLDERS PLEASE NOTE: Medicaid is NOT always your primary carrier.

You are responsible for payment in full if the information given is incorrect.

You are responsible for payment in full if you do not have benefits or coverage for the services rendered to you. We can help you check with your plan.

This is a Maternal-Fetal Medicine practice, not OB/GYN. If you have a plan that requires a referral or preauthorization to see a specialist or to obtain diagnostic ultrasound services, you are responsible for obtaining that referral or authorization. Please check your policy.

All deductibles, copays & coinsurance are the patient's responsibility to pay.

We cannot guarantee that your insurance policy will pay all services provided; We are happy to provide you with the necessary information to furnish your insurance carrier, to obtain your coverage & benefits information.

All outstanding account balances must be paid in full within 120 days.

Accounts that show NO payment activity in 120 days, will be sent to collections.

We are happy to help you set up a monthly payment plan. We do not charge interest or late fees.

Your signature below indicates that you have read and understood this notice, and that you agree to its contents.

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Signature of patient or responsible party

Date