

# Sarasota OB/GYN Associates

## **What you need to know about getting your healthcare services paid**

Many of the services provided in our office are covered and paid for by your insurance company. As a convenience to you, we gladly file the claims for you so you do not have the additional worry and effort of dealing with this. Unfortunately, not all services provided are covered by the insurance company. In cases where your insurance company has not covered the service(s), you will be personally responsible for the bill. Please be assured that before we bill you, we will make certain that all of the information sent you the insurance company is accurate and clearly describes the services you received.

## **What you need to know about your financial responsibility**

We will file your insurance claim, but you are ultimately responsible for paying for services received in this office. Please remember that insurance companies do not pay for all medical services, even those that might be helpful to you or ones that your physician believes that you should have. When a service is not covered by your insurance policy, you will be responsible for paying the bill. We cannot change the information on an insurance claim just so the claim will be paid. If you are not sure if a service is covered by your plan, you should call your insurance company in advance to see if you are going to be responsible for the bill.

## **Non-covered services are your responsibility**

Recent federal laws addressing all insurance companies require that we submit every claim to an insurance company accurately, reporting the exact services performed and the exact reason for performing them. We cannot change this information just so your insurance company will pay the claim. Our practice is committed to these laws and will submit all claims to all insurance companies in this manner. We recommend that all patients have an "annual exam" that allows us to evaluate your overall health and make sure that you are not developing any unexpected problems or illnesses. Unless there is some major new finding during this annual exam, we must submit the service to your insurance as an annual exam, which may not be paid by them. We may also suggest that some screening tests or procedures be performed to allow us to obtain a better "picture" of your health. These services may be considered as non-covered by your insurance company and you will be expected to pay for them yourself. Even if these tests show some problems, we must submit them as screening to your insurance company and cannot change the information on the claim just to receive payment for the services from the insurance company.

**I HAVE READ AND AGREE WITH THE FINANCIAL POLICY AS STATED ABOVE. INITIAL: \_\_\_\_\_**

Please be advised that the following tests are done as part of your annual exam. These tests are used to screen for infection; Gonorrhea Culture,(GC) Chlamydia Culture(Chl), HPV Amplified Probe(over age 30).

You will be responsible for any costs not covered by your insurance company. You may decline these tests. Please consider your health and risk factors.

I UNDERSTAND THE ABOVE INFORMATION AND ACCEPT RESPONSIBILITY FOR PAYMENT, IF NECESSARY. I  
CONSENT TO TESTING BEING COMPLETED AT THIS TIME. INITIAL: \_\_\_\_\_GC/Chl \_\_\_\_\_HPV \_\_\_\_\_HEMOCCULT  
I DECLINE TESTING AT THIS TIME. INITIAL \_\_\_\_\_

## **For Our Medical Part B Patients**

Part of your annual well woman exam is considered screening by Medical and is not a covered service by Medicare. The covered service under Medicare Part B guidelines is for an examination once every 24 months for low-risk patients and once every 12 months for high-risk patients. This will be determined by your completion of the Medicare Advanced Beneficiary Notice that was given to you upon your arrival. Per Medicare guidelines, the patient is also responsible for an office visit to evaluate and manage your healthcare needs during this visit. The total fee for a well woman exam is \$175.00 for an established patient and \$195.00 for a new patient, which includes a \$58.00 fee for established patient and \$78.00 fee for new patients in the office visit. This is a non-covered service by Medicare Part B.

I UNDERSTAND THE ABOVE INFORMATION AND ACCEPT RESPONSIBILITY FOR PAYMENT, IF NECESSARY.  
INITIAL: \_\_\_\_\_