

# Women's Health Associates

## Policies, Procedures and Authorization Requirements

The healthcare providers and staff of Women's Health Associates (WHA) strive to offer comprehensive, quality care to all of our patients. We feel that it is appropriate to inform our patients in advance of the policies, procedures, and authorizations required at WHA that may ultimately affect their care. **Obviously, not all the policies, procedures or authorizations may apply to you, however please read each one carefully and initial at the bottom of each page. PLEASE SIGN AND DATE AT THE END OF THE FORM.**

### Cash Accounts

All patients without proof of insurance are responsible, at the time of service, for all expenses incurred during their office visit. WHA offers a 20% discount to patients without insurance, if payment is made at the time of service. WHA accepts cash, checks, MasterCard, Visa, Discover and American Express credit cards.

### Insurance Co-pays / Deductibles / Coinsurance

Insurance co-pays are due at the time the patient checks in for their appointment. If the patient does not have their co-pay at the time of check-in, a \$10 billing fee will be assessed, and patients may be asked to reschedule their appointment. Any deductible and/or coinsurance amounts will be due at check-out. WHA accepts cash, checks, Visa, MasterCard, Discover and American Express. Please know that co-pay amounts cover the office visit and physician services only. A patient may receive an additional bill for laboratory testing, blood work, pap smears, cultures, biopsies, ultrasounds, non-stress tests, and any care received outside WHA (please know this list is not exhaustive).

### Non-Covered Services

Non-covered services may need to be paid at the time of service. Possible examples of non-covered services include well-woman exams, contraceptive counseling, Depo-Provera injections, IUDs, non-diagnostic ultrasounds, STD testing and treatment for infertility. Also, some services may not be considered reasonable and customary under the Medicare program and/or other medical insurance companies. In such cases, WHA will file a claim on your behalf, and you will be responsible for any non-covered services. The patient should understand that they are responsible for checking their benefits with their insurance carrier before their appointment time.

### Final Costs of Services

The patient may inquire about costs of services for office, laboratory, surgical or obstetrical procedures. WHA representatives can only estimate potential costs and cannot guarantee any final costs until all procedures have been performed and documentation has been reviewed by WHA coders and billers. After review of all procedures performed, the patient may receive a statement for additional expenses.

### HMO's, Referrals, Pre-Certification and Pre-authorizations

If a patient is a member of an HMO insurance plan, their primary care physician (PCP) is contractually bound to direct their health care and is the only physician that can approve referrals. The patient may not receive services from another physician, hospital, or emergency clinic without permission (or a referral) from their PCP. It is the patient's responsibility to obtain a referral from her PCP and to provide the referral to our office before her scheduled appointment, if necessary. In addition, while we will often try to complete pre-certifications and/or pre-authorizations as a courtesy to our patients, please know it is ultimately the patient's responsibility to ensure these authorizations are completed for the insurance plans. In addition, many plans require the patient to notify them of scheduled surgeries, hospital admissions, or non-routine care outside of WHA. In the event a surgery, hospital admission, or non-routine care is planned at any facility, the patient must notify their insurance company immediately. Failure to notify your insurance company may result in denial of payment and you will be responsible for payment for those services.

### Laboratory Testing

The patient's care at WHA may include laboratory testing. Tests performed and billed by WHA include wet smears, urine pregnancy tests (UCG), urinalysis, hemocult and ph tests. All other laboratory tests are performed by an outside lab. The patient will receive a separate billing for these services from that laboratory. If the patient's insurance plan requires the use of a specific laboratory, they must inform the nurse or the lab tech immediately. WHA will not be responsible for specimens sent to the wrong laboratory. The patient must understand that there may be many different laboratory tests or screenings that WHA healthcare providers feel are required for their medical care which may not be covered by their insurance company. The healthcare providers have no knowledge of the patient's insurance plan so there is no guarantee that any test ordered will be covered by their insurance plan. In many cases the patients will request these non-covered tests which may include but are not limited to STD screenings and HIV testing. The laboratory will submit charges for these tests but the patient is ultimately responsible for the fees if denied by their insurance company. As an informed consumer and active participant in their healthcare, the patient must make sure that they understand exactly what tests are being ordered by their healthcare provider before permitting the tests being performed.

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### **Phone Calls**

WHA's normal business hours are 9:00 am to 5:00 pm, Monday through Friday. WHA is closed holidays and weekends. In the event of a true emergency the patient should call 911 or go to their nearest emergency room. We encourage our patients to call their pharmacy directly during the day for prescription refills for prompt service. The pharmacy will then call our office for renewals if necessary. WHA will not refill prescriptions after our weekday phone nurse hours. Phone calls received after normal business hours by our healthcare providers that are on call may be subject to a charge. In addition, phone calls made to the patient by our healthcare providers or nurses in order to review test results, counsel or prescribe new medications may be subject to a charge. WHA may submit a charge to your insurance company for services provided over the phone, however, most insurance companies will not cover this service and the patient will be responsible. These charges do not apply to current obstetrical patients or post-operative patients.

### **Disability, Insurance or Employment Forms**

WHA will prepare necessary forms supplied by the patient that are required by insurance companies or employers. These forms are often quite detailed and lengthy and therefore cannot be completed quickly. WHA requests that the patient leave the form at our office for completion with all information that the patient can provide already filled in. WHA staff will then complete the form within ten (10) working days. WHA may charge a fee for each form (to obtain current fee information please contact our disability desk). Payment in full is required before the forms are released.

### **Missed Appointments**

WHA may, but is not required to, call the patient to confirm upcoming appointment dates and times. The patient must understand this is a courtesy and that they are ultimately responsible to keep their appointment. The patient acknowledges that WHA may charge a missed appointment fee for appointments missed and not changed or cancelled within 24 hours prior to their scheduled appointment.

### **Returned Check Fees**

In the event that WHA receives a returned check written by from a patient or on their behalf, the patient will be charged a returned check fee of \$25.00 and will be required to pay cash or use a credit card for any future payments for a one year period. Failure to repay the returned check and the returned check fee may result in collection proceedings or dismissal as a patient from WHA.

### **Collection Process**

Any balances determined as patient responsibility that remain unpaid will be subject to an in-house review. If, at the time of the in-house review, satisfactory payment arrangements have not been established, the patient will receive a letter from WHA notifying the patient that she has until the end of the current month to pay her balance in full or her account will be forwarded to an outside collection agency. If WHA is forced to send the account to an outside collection agency, the patient will have the legal responsibility to pay all fees, costs and other charges incurred by WHA in forwarding the unpaid balance to the collection agency. In addition, the patient will not be allowed to schedule any further appointments with WHA, receive any medication refills, or seek any medical advice of any kind from WHA until the patient has paid both the unpaid balance and the fees, costs and other charges incurred by WHA in forwarding the account to the outside collection agency. If the collection proceedings initiated by the outside collection agency ultimately proceed to litigation, the patient understands and agrees that she will be obligated to pay for any reasonable attorney fees and court costs incurred by WHA or the outside collection agency in prosecuting the claim on the unpaid balance.

### **Medical Records Releases**

WHA will only release medical records when a valid, HIPAA compliant authorization or a court-ordered subpoena is received (please allow 7-10 business days for processing). Due to increasing costs of office supplies, equipment and postage, WHA will assess appropriate fees for the copying and mailing of medical records. Please contact the WHA Medical Records department for further information.

### **Discharge of a Patient**

WHA has the right to discharge any patient from our practice at anytime for various reasons, including but not limited to, failure to abide by WHA financial policies, noncompliance with recommended treatment plans, drug-seeking activity, and any abuse, both verbal and physical, of WHA healthcare providers and staff. If this occurs, the patient's medical records will be released to a physician or healthcare facility of the patient's choice only after an appropriately signed authorization is received by WHA. Once discharged from WHA, the same patient will not be allowed to return as a patient of WHA in the future.

### **Gardasil, Lupron, IUD, Depo or Rhogam Visits**

Patients must call their insurance carrier prior to their visit to determine whether they have coverage for Gardasil, Lupron, IUDs, Depo or Rhogam. Non-covered procedures may need to be paid in full at the time of appointment.

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**Authorization for Treatment**

While I am here, I permit the healthcare providers, WHA staff and all other persons caring for me to treat me in ways they judge beneficial to me. I understand the attending healthcare provider will explain to me the nature of my condition and her recommended treatment and any associated risk involved. I also understand that she will explain many possible ways this condition may be treated. I further understand that this care may include diagnostic testing, laboratory testing, examinations and medical and/or surgical treatment. I further understand that no guarantees can or will be made regarding the outcome of this care.

**WHA Insurance Policy**

WHA participates with many health insurance carriers and it is the patient's responsibility to choose a healthcare provider that participates with their insurance plan. It is the patient's responsibility to contact their insurance carrier for a list of participating healthcare providers. If the patient chooses to have a WHA healthcare provider treat them outside of their insurance network, they will be responsible for all charges denied or reduced by their insurance plan. A current insurance identification card is required at each visit. **If a patient is unable to provide an identification card they will be required to pay for their treatment AT THE TIME OF SERVICE.** The patient is also responsible for informing WHA if their insurance policy has changed. In the event that claims are denied for timely filing and a new insurance card was not provided by the patient, the patient will then be responsible for those charges. **An insurance policy is a contract between the patient and their insurance company.** The patient is ultimately responsible for all charges incurred at WHA. It is the patient's responsibility to know the benefits and provisions of their insurance policy. If the patient has any questions or concerns regarding the benefits of their policy, they should contact their insurance company directly.

**Obstetric Patients**

Obstetric patients with no insurance coverage or no maternity benefits on their insurance plan will be required to set up a payment plan through the WHA billing department. This payment plan arrangement must be finalized prior to the patient's initial OB visit.

**Services Provided to a Minor**

If the patient is a minor, the adult / guardian accompanying the minor is responsible for the co-pay and/or any applicable payments incurred during the office visit, if the treatment is a non-covered service.

**Medicare Lifetime Consent (applies only to patients presenting valid Medicare identification cards)**

I certify that the information given by me in applying under Title XVII of the Social Security Act is correct. I authorize the provider of service to submit claims for such service to Medicare and further authorize any holder of medical and/or other information about me to release it to the Social Security Administration, its intermediaries or carriers any information needed to process this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf to Women's Health Associates.

As a patient of Women's Health Associates, I authorize WHA to submit a claim and to furnish complete information to my insurance carrier for all services rendered to me by my healthcare provider and authorize and direct my insurance carrier to issue payment on my behalf to Women's Health Associates. **I HAVE READ AND UNDERSTAND THE POLICIES, PROCEDURES AND AUTHORIZATION REQUIREMENTS OF WOMEN'S HEALTH ASSOCIATES.**

Please print patient name \_\_\_\_\_

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

Please print responsible party name \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

**Patient Acknowledgement of Receipt of  
Notice of Privacy Practices**

Women's Health Associates  
9119 West 74<sup>th</sup> Street, Suite 300  
Shawnee Mission, KS 66204

By signing below, I acknowledge that I received a copy of Women's Health Associates' Notice of Privacy Practices.

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Patient (or personal representative) Signature

If signed by a Personal Representative, please provide the following information:

\_\_\_\_\_  
Name of Personal Representative (Printed)

\_\_\_\_\_  
Description of the personal representative's authority to act on behalf of the patient

**Authorization for Release of Information  
To a Relative / Family Member**

I hereby authorize the release of the following medical information (check one):

- All information
- Other. Please specify: \_\_\_\_\_
- I do not wish to release any personal, medical information to a relative / family member.

To:

\_\_\_\_\_  
Relation Name

\_\_\_\_\_  
Relation to Patient

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work or Alternate Telephone Number

I authorize Women's Health Associates to leave the following information on voicemail / answering machine (check all that apply):

- Results
- Medical information
- Billing information
- I do not authorize Women's Health Associates to leave any information on my voicemail / answering machine.

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Doctor

*Please know this authorization will remain in effect until a new authorization is completed and signed.*