WOMEN'S & FAMILY HEALTH SPECIALISTS

- Obstetrics
- Gynecology
- Family Medicine

1412 SW 43rd Street, Suite 200
Renton, Washington 98057
Telephone 425.271.4910
Fax 425.264.1041

Thank you for trusting us as your health care provider. We appreciate the opportunity to serve you. We are committed to your treatment being successful. As part of our service, we try to contain the ever-rising cost of health care. In an effort to do this, we have implemented the following financial policy. The following is a statement of our financial policy, which we ask that you read and sign prior to any treatment.

Financial Policy

1. You are responsible for payment of the services you receive in our office. Please understand that your medical insurance is a contract between you and your insurance company and you are ultimately responsible for any unpaid balance.
2. We accept payment in cash, check, Visa and MasterCard.
3. If you have insurance coverage, please give your identification card/cards to the receptionist. We would be glad to bill your insurance company directly.
4. If you have no insurance coverage or you choose to bill your insurance company yourself, payment is due at the time of service.
5. Co-payments are due at the time of service.
6. There is a $25 fee for all returned checks.
7. If you are covered by state Medicaid (DSHS) you will need to provide a current Provider One Card and/ or Healthy Options card if applicable at each visit. You may be asked to reschedule if you arrive without these cards.
8. Our office sends out monthly statements. Even though you may have an insurance claim pending, you may receive a monthly statement for the outstanding balance on your account. Balances are due upon receipt of your statement. There is a rebilling fee of $5 for all unpaid balances over 60 days at each statement date.
9. In the event that you fail to make payment when due, this account will be referred to a collection agency for collection. In the event, the contingency fee assessed by the collection agency will be added to the principal and interest due. You will also be additionally liable for attorney fees. Both collection agency fees and attorney fees will increase the balance you owe.
10. In the event that your account is turned over to collections you will be immediately dismissed from our practice.

If you are unable to meet the requirements, please ask about alternative payment programs before services are rendered.

Thank you again for the opportunity to serve you.

I have read and understand the above financial conditions and I agree to the requirements as stated.

_____ _____

Patient (or parent/guardian) Date