

Financial Policy

Insurance Billing: For your convenience, we will bill your insurance company directly. However, you are ultimately responsible for all charges incurred. It is also your responsibility to provide us with current and accurate personal and insurance information. Your insurance policy is a contract between you and your insurance company. It is essential that you are aware of the details of your policy. We will accept assignment from your insurance company based on our contract with them.

Co-payments, co-insurance, and deductibles assessed by your insurance company are required at the time of service if specified. If you are unable to pay this at the time of a non-emergency visit, your appointment may be rescheduled or a Copay fee of \$20 may be assessed. Co-insurance and deductibles are applied (based on your plan provisions) at the time your claim is processed by your insurance company. We will estimate the amount due prior to surgery or delivery and ask that you pay these amounts up front.

***Self-Pay Patients:** Patients without medical insurance are requested to pay at the time of service. A 15% discount will be honored for all services that are paid in full at the time of service. If you cannot pay for services in full, you must consult with our billing department **prior** to your appointment to set up a payment plan.

Cancellation Policy: We require at least 24-hour notice to cancel or reschedule appointments. Appointments not cancelled prior to 24 hours and No-show appointments will be assessed a \$50 fee. If you have scheduled a surgery and need to cancel or reschedule there is a \$50 fee, if within 10 days of surgery the fee increases to \$250.

Labs: During the course of your care, you may need to have your blood drawn or other specimens collected and sent to an outside lab for processing. We bill for the collection and handling of these specimens; the lab will bill you or your insurance company for the testing they perform. You will receive a separate statement from the lab for these services. The labs we participate with include Quest Diagnostics, Labcorp, Metropath, and NTD Labs. You are responsible to let us know if your insurance has a specific lab that needs to be used.

Returned Check Policy: We will assess a \$25.00 fee for all returned checks in addition to the amount of the check. After 2 returned checks, we will only accept cash or credit cards for payment. Collection of returned checks will be pursued according to state statutes.

Any charges not covered by insurance will be the patient's responsibility, including, but not limited to co-pays, co-insurance, and deductible amounts. Payment for these balances are due upon receipt, any unpaid balances may be subject to collection fees. We may request a credit card or ACH information for arranged payment plans.

Collection policy- Balance emails are a courtesy once the claims process and can be seen on your portal. Payment is due upon receipt if you have a card on file the payment will run in 5 days. Additional fees could be assessed if prompt payment is not received. Unpaid balances could be referred to an outside collection agency and a \$15.00 fee may be assessed.

Notice of Privacy Practices for Protected Health Information

This notice summarizes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. You may view our full policy on our website at www.tc4w.com or we can provide you a printed copy by request.

The Center for Women's Health (C4WH) is permitted by federal privacy laws to make use and disclose your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, and treatment. This includes applying for future care or treatment. It also includes billing documents for those services.

Your Health Information Rights

The health and billing records we maintain are the physical property of the C4WH. The information in it, however, belongs to you.

You have a right to:

- Request a restriction on its disclosure. We will attempt to comply with all requests. However due to some limitations we may not be able to grant them all.
- Obtain a paper copy of our Privacy practices by making a request at C4WH.
- Request that you be allowed to inspect and receive a copy of your health record and billing record.
- Request for amendments to health record to correct incomplete or incorrect information. If your request is denied, you will be informed of the reason for the denial and have an opportunity to submit a statement of disagreement to be maintained with your records.
- Revoke authorization that you made previously to use or disclose information by delivering a written revocation to C4WH., except to the extent information or action has already taken place.

Our Responsibility

Maintain the privacy of your health information as required by law. Abide by the terms of this notice. Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you. Accommodate your reasonable request regarding methods to communicate health information with you. Notify you if we cannot accommodate a requested restriction or request.

To Request Information or File a Complaint:

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact the office manager in person or call our office at 303-755-0120. You may also file a written complaint to the Office for Civil Rights, U.S. Department of Health, and Human Services, 200 Independence Ave S.W. Room 509F, HHH Building, Washington, DC 20201. We cannot and will not require you to waive the right to file a complaint as a condition of receiving treatment from C4WH. We cannot and will not retaliate against you for filing a complaint with the Secretary of Health and Human Services.