

MERCER OB/GYN, PA

ATTENTION PATIENTS

1. INSURANCE CARD:

You must present all your insurance cards each time you sign up to be seen or reschedule, even if your card is the same.

2. COPAYS / BOUNCED CHECKS:

Co-pays must be paid prior to being seen to avoid an additional fee of \$12.00 that will be charged to cover for billing costs if not paid during office visit. There will be a \$35.00 fee for all Bounced Checks.

3. DEDUCTIBLE & COINSURANCE:

If you have a deductible, please specify as you must provide proof of meeting it before your insurance will process any claims. If your policy has a deductible which has not been met, you will be asked to pay up front prior to being seen.

4. DISABILITY & OTHER FORMS:

There will be a \$12.00 fee for all Medical / Surgical Forms that are work or school related. For all other forms, fee is directly proportional to the length of pages. All charges are due upon receipt of the forms.

5. REFERRAL FORMS:

There is a 72 hour requirement for all referrals/forms that to be completed by the office. No exceptions.

6. RECORD RELEASE:

- A. One week notice is a must
- B. Signing record release form is a must. Payment prior to picking up records is essential.
- C. All account balances must be cleared before you can pick up your records.
- D. Please give sufficient time to process the above before seeing your new doctor.

7. DEMOGRAPHICS:

All demographic information must be updated every two years or earlier if there is a change. If you're insurance denies the claim due to incorrect demographics (e.g.) incorrect SS#, I/D, DOB, etc.; or terminated card, we reserve the right to bill you for the unpaid balance. Please fill out in Capital Letters which are legible.

Please let us know your Primary Care Physician's full name and phone number.

8. ADVANCE NOTIFICATION OF INSURANCE CHANGE:

Advance notification about your Insurance is a must. It takes about an hour of our time to do benefits and check out eligibility each time you switch to a new insurance. We request you call our office least 2 days in advance and fax your new cards prior to being seen.

9. QUESTIONNAIRE FROM INSURANCE CO.

If you need to answer and respond to any questions from Insurance Co. sent to you by your insurance, please complete them as the carrier will not process your claims without them being on file.

10. PRIMARY AND SECONDARY INSURANCE:

Patients have at times presented only one card when they actually have 2 coverage's. This is automatically picked up by insurance carriers and services may be declined unless both information's are provided. Please avoid delays and declines by submitting complete and correct information.

If your insurance declines due to incorrect information provided by you, you will be responsible for the Entire services. If you have two insurances, you must provide both cards and specify which one is your (primary) and secondary (by your spouse). Please let us know the Subscriber's SS#, Full Name, DOB, I/D, and Group No.

11. APPOINTMENT CHANGES:

You must notify in advance to avoid charges. Please call 24 hrs. Ahead of time to cancel or reschedule an appointment. Upon failure to do so, you will be billed \$25 for office visit, for a U/S or surgical procedure visit.

12. INSURANCE CLAIMS:

In event of denied claims, we will appreciate your involvement in resolving the issue. To guarantee payment of balance due, please choose one of the following options:

1. Escrow Account - partial payment of service in case of denial, co-insurance deductible
2. Credit card on file
3. Open a new health card account

13. CELL PHONE:

Please refrain from using cell phones in office so we can better assist you.

Signature: _____

Date: _____