

# OFFICE POLICIES NOTICE

## — INSURANCE FILING

We have found that it has become exceedingly difficult to remain knowledgeable on all the policy guidelines for the multitude of insurance companies that exist in our area. Therefore, it is our policy that we will file insurance with the companies that we are contracted with. An unexclusive list of most common contracted companies:

|                 |                  |                  |               |
|-----------------|------------------|------------------|---------------|
| AETNA           | CORESOURCE       | Health Smart     | PPO PLUS      |
| AMBETTER        | COVENTRY-UHC     | HUMANA -MDCR     | QUALCHOICE    |
| ARKANSAS 1st    | EHC/HLTHSCOPE    | MEDICARE         | TRUE BLUE PPO |
| SOURCE          | GEHA-UHC         | MERCY HEALTH     | UHC           |
| BLUE ADVANTAGE  | Golden Rule -UHC | Meritain Health  | UMR           |
| BCBS & Fed BCBS | HEALTH ADV       | Municipal Health | TRICARE       |
| CIGNA           | HEALTHLINK       | NOVASYS          | UNION PACIFIC |

If you have insurance with a contracted carrier, we will file insurance for you. You will be responsible for any co-pay, co-insurance or deductible **at the time services are rendered.** CWHC is not contracted with ALL Medicare Replacement Policies. If you have coverage with a non-contracted carrier, we will file insurance for you **ONLY** if a quote of benefits is obtained prior to services rendered. You will be responsible for any services rendered at time of service if a quote is unable to be obtained. Once your insurance company processes your claim, any overage will be refunded at that time. If you have no insurance, you will be responsible for payment **at the time services are rendered.**

## — BILLING NOTICE

Patients being seen for their Annual Wellness Exam/Visit and need to be treated for diagnostic issues on the same day **may possibly be billed additionally.** This will only occur if the diagnostic issue is considered outside of what medical coding guidelines specify as what is included in an Annual Wellness Exam/Visit.

## — LATE APPOINTMENT POLICY/ NO SHOW, RESCHEDULE POLICY

Any patient who is more than 15 minutes late for an appointment will be asked to reschedule, unless the provider's schedule can accommodate the late arrival!

Any patient who reschedules their appointment three times or no shows for their appointment twice will be asked to find another physician. There is a **\$25.00 Fee** if you **No Show** your appointment or **do not Cancel within 24 hours prior** to visit. If you have any questions, concerns or special circumstances, please do not hesitate to speak with the Office Manager prior to being seen by the physician.

## — \$15 PAPERWORK FEE

There will be a \$15 charge **in advance** for filling out paperwork not related to patient permanent medical record or related to the processing of patient claims paid directly to *Conway Women's Health Center, P.A.* (i.e. FLMA forms, AFLAC, Disability papers, etc.)

## — SOCIAL MEDIA POLICY

CWHC providers & staff do not give medical advice via any social media network.

## — ASSIGNMENT AND RELEASE

I, the undersigned, certify that I have insurance coverage with \_\_\_\_\_

Name of Insurance Company

and assign directly to Dr. Debra Lawrence, Dr. Amy Johnson, Dr. Brandie Martin, or Dr. Josh Ward, all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

**IF YOU DO NOT PROVIDE US WITH A COPY OF YOUR INSURANCE CARD TODAY, YOU SHOULD BE PREPARED TO PAY FOR YOUR SERVICES RENDERED TODAY.**

\_\_\_\_\_  
Responsible Party's Signature

\_\_\_\_\_  
Date