



Women's Health For Life, Inc.

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770 West High Street, Suite 400
Lima, OH 45801

FINANCIAL ARRANGEMENTS AND MEDICAL INSURANCE

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash and check. We will be happy to process your claim for you. Any such request must be accompanied by a copy of all current insurance cards. If your yearly deductible has been met and you wish for our office to accept assignment, you will need to bring your most recent explanation of benefits from your insurance company showing that you have reached your deductible. **IT IS YOUR RESPONSIBILITY TO OBTAIN PREAUTHORIZATION FROM YOUR INSURANCE COMPANY WHEN REQUIRED TO PROCESS AND PAY YOUR CLAIMS.** Most insurance policies require that individuals first meet a deductible and that a specific amount be paid by an individual before reimbursement is allowed. Please contact your insurance company prior to your first visit.

For insurance plans in which Women's Health for Life, Inc. is a participating provider, we will still need a copy of your insurance card. You will only be responsible for applicable co-payments as specified by your insurance company.

Returned checks will be assessed an additional 33.00 charge. Balances over 30 days may be subject to additional collection fees and interest unless special arrangements are made with our accounting staff.

We must emphasize that as medical care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We do realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions or uncertainty about the above information, PLEASE don't hesitate to ask us. We are here to help you.

Sincerely,

Marilyn J. Kindig, D.O. and Staff

I have read and understand the above Financial Policy. I also understand that payment of all services rendered is ultimately my responsibility.

AUTHORIZATION AND ASSIGNMENT

I authorize the release of any medical or other information necessary to process my medical claim. I also authorize and request that payment of benefits be made directly to Women's Health for Life, Inc. I understand that this authorization will remain until I withdraw the authorization in writing.

Patient Signature (Guardian Signature if patient is under 18)

Date

Witness

Date