

Our Financial and Office Policies

Thank you for choosing RiverCity Women's Health as your healthcare provider. We are committed to providing our patients with the best available medical care. Our billing department will be available to discuss our fees and policies with you if you have any questions. We ask that all responsible parties read and signing our financial and office policies form prior to seeing the physician.

(PLEASE INITIAL BESIDE EACH SECTION INDICATING YOUR UNDERSTANDING AND ACCEPTABLE OF OUR POLICIES.)

___ 1. All co-pays, deductible, and/or co-insurances are due at the time of service. We do not choose these fees. They are provided to our office by your insurance company when we call to verify benefits and/or the terms agreed upon by you (or your employer) and your insurance company. We will collect all co-payments, deductibles or charges for non-covered services at the time upon check-in. If you have a balance on your account we will ask for that payment as well. For you convenience, we accept cash, check, Visa, Mastercard, and Discover.

___ 2. We verify insurance benefits as a courtesy to our patients. All charges are your responsibility whether your insurance company pays or does not pay. Not all services are covered benefit in your medical plan. Some insurance companies select certain services they will not cover. Please contact your insurance company if you have any questions regarding your health care coverage. Pulmonary and Sleep Institute provides services that are medically necessary in the physician's professional opinion. If you are unsure if a procedure, immunization or injection is covered, please call your insurance company prior to receiving services. You are ultimately responsible for all charges that are not covered under your health care policy.

*Please remember that your insurance is a contract between you (or your employer) and the insurance company. We are not a party of that contract. It is very important that you understand the provisions of your healthcare policy. We cannot guarantee payment of all claims. If your insurance company pays only a portion of a bill or rejects you claim, any contact or explanation should be made to you, the policy holder. Reduction of rejection of any claim by your insurance company does not relieve you of your obligation. In the event that your insurance company pays us for a claim that you had already paid and you are due a refund, we will be happy to expedite your refund or credit your account.

___ #3. Please ensure that all personal and insurance information is correct at any time of each visit. We will only bill the insurance company on file. It is not uncommon for someone to change their phone number or address and forget to inform us. This leads to fragmented communication. Please inform the receptionist if your address, phone number, or insurance information has changed (or if you anticipate that it will be changing in the near future).

___ #4. Some insurance companies require a referral before being seen by a RCWH physician. If your appointment requires a referral, that referral will need to be on file with our office before the next appointment day. If you are seen without a referral form on file and the insurance company does not pay, you will be responsible for all charges.

___ #5. We allow 90 days for payment of any balances that are the responsibility of the patient. If we do not receive full payment in 90 days, the account will be referred to collects. We understand that temporary financial problems may affect timely payments of your balance. We encourage you to communicate any such problems to us, so that we may assist you to keep your account in good standing.

___ #6. If your personal check is returned for insufficient funds, there is a \$35.00 charge in addition to the amount of the check. After one instance of a returned check, all further payment will be required to be in the form of credit card, cash or money order only.

___ #7. There is a \$25.00 fee to complete any FMLA paperwork that is due before the paperwork will be completed. Although the paperwork is long, please note that we do our best to complete this paperwork for you in a timely and efficient manner and we ask for your patience. **We require 3-5 business days to complete this paperwork.**

___ #8. There is a fee for copies of medical records not requested by another physician. Please ask the receptionist for an estimate if you need copies of your records.

___ #9. Appointments not canceled with a 24 hour notice and any "no show" appointments will be subject to a charge of \$50.00. Please note that this fee is not covered by your insurance company. We sincerely hope that we will not need to collect this fee. Rather, it is offered as an incentive to remind all of our patients and families to keep their scheduled appointments or, if unable to keep that appointment, to please reschedule with more than a 24 hours in advance (and we greatly appreciate 48-72 hours advance notice). When you reschedule your appointment several days ahead of time, this allows other patients the opportunity to be seen sooner... which they often greatly appreciate.

___ #10. If you are more than 15 minutes late for your appointment and have not called the office to inform us, we will reschedule your appointment.

___ #11. After 3 "no show" appointments we reserve the right to terminate the physician/patient relationship. A notification will be sent to the responsible party and to the referring physician.

___ 12#. ALL prescription refills MUST be called to your pharmacy. You can have your pharmacy submit the refill request electronically, or they may fax the request to 210-684-1003. We DO NOT accept calls directly from patients for refills. Please do not wait until you are out of medication to ask your pharmacy for a refill. **We require 2 business days to respond to a refill request. Please note that we do not process refill requests on weekends or holidays. The patient must have a follow-up appointment scheduled or have been seen within the last 6 months in order to have any prescriptions refilled.**

___ #13. Due to Texas state laws, we have adopted the following policies regarding Triplicate prescriptions (Triplicate prescriptions are for Schedule II controlled substances): We will not mail Triplicate prescriptions. All expired Triplicate prescriptions that are not filled must be returned to our office. Triplicate prescriptions must be filled within 21 days. There is a \$5.00 fee for each triplicate prescription that is not picked-up in a timely manner and a \$25.00 fee for expired triplicate prescriptions (i.e. not picked-up in a timely manner).