



A Woman's Place, LLC

FINANCIAL POLICY

At A Woman's Place we are proud to be part of a team dedicated to providing exceptional care in the most economical way possible. Take a moment to read over our financial policy and please let us know if you have any questions.

1. Payment is expected AT THE TIME OF SERVICE for cash pay patients, unless prior arrangements have been made. For your convenience, we accept cash, personal checks, money orders, Visa, Mastercard, Discover, and American Express.
2. Co-pays are due AT THE TIME OF SERVICE.
3. Your insurance policy is a contract between you and your insurance company. As a courtesy to you, we will file an insurance claim on your behalf. After your insurance company has paid us, you will have 30 days to pay your balance in full, or you will be charged \$30.00 **per month** as a late billing fee until the full balance is paid.
4. Not all insurance plans cover all services. If your insurance plan determines a service to be "NOT COVERED", you will be responsible to pay the full amount within 30 business days of when services were rendered.
5. **24 hours** notice is required for all cancellations. We reserve the right to charge a \$25 missed appointment fee if you do not cancel at least 24 hours prior to the appointment, or if you no-show.
6. I understand that in the event my account is placed in collection status, any additional fees incurred due to this, will be added to my outstanding balance. This includes, but is not limited to: late fees, collection agency fees, court costs, interest, and fines. I understand that these additional fees will be my personal responsibility to pay in full.
7. I request that payment under my insurance plan be made to A Woman's Place, LLC (AWP), for all services/charges furnished to me by AWP. I also authorize AWP to release my insurance company, or its agents, information for any insurance claim. I also permit a copy of this authorization to be used in place of the original.

I HAVE READ THIS FINANCIAL POLICY AND UNDERSTAND AND AGREE TO BE BOUND BY THESE TERMS. I ALSO AGREE THAT SUCH TERMS MAY BE AMENDED BY A WOMAN'S PLACE, LLC, AT ANY TIME.

SIGNATURE OF PATIENT/RESPONSIBLE PARTY

DATE

PRINT NAME

