Financial Policies

This is an agreement between Central Virginia OB/GYN and the responsible party:

Missed/Cancelled Appointments, procedures or surgeries: All efforts are made to accommodate our patients request for appointments, procedures or surgery dates/times; therefore, it is important that you make every effort to keep your scheduled appointments. Cancellations of less than 24 hours or missed appointments will be subject to a fee up to $25.00. Cancellations of less than 7 days of procedures or surgeries are subject to a fee of up to $75.00

Fee for completion of forms, reports, and letters: This is a non-insurance covered service; therefore, a fee of $20.00 is charged for the completion of forms or the writing of letters. All fees are due at the time the form is delivered.

Transferring of Records: All adult patients must sign a record release form if copies of your records are to be sent to another doctor or organization. A medical records copy fee may be assessed for all non-physician requests and is due at the time the records are delivered.

Payment options if you do not have proof of insurance: You are responsible for payment by cash, check or credit card on the day of service.

Monthly Statement: If you have a balance on your account exceeding $5.00, we will send you a monthly statement showing charges to the account: Unless other arrangements are approved in advance, the balance, late fee if any, are due upon receipt. If your account becomes past due, Central Virginia OB/GYN will take all necessary steps to collect this debt. If we have to refer your account to a collection agency or lawyer, you agree to pay all collection, lawyer and court fees that are incurred.

Returned Checks: There is a $50.00 fee for any checks returned by the bank.

Late Fee: A late fee of $5.00 will be added on your account if a payment has not been made within one billing cycle.

Central Virginia OB/GYN files your insurance as a courtesy. We ask that if the account remains unpaid after 45 days that you contact your insurance company for payment.

In consideration for the professional services rendered now and in the future, the undersigned hereby agrees to pay 18% interest annum on all balances which are unpaid sixty (60) days after the services are rendered: plus attorney's fees which are hereby stipulated to be 33 1/3% of such outstanding balance whether suit is filed or not: plus court costs. If the undersigned fails to promptly pay for the services rendered, the undersigned authorizes the release by or to any credit reporting agencies of personal credit information of the undersigned and further agrees to pay all costs of obtaining such credit information and/or locating the undersigned, as may be necessary.

The undersigned understands that medical insurance claims may be billed by the provider, as a courtesy, if the provider participates in the patient's insurance plan; and if the patient promptly furnishes the provider with all the correct insurance information. The undersigned is fully responsible for all sums due whether or not insurance coverage is available.

In the absence of prompt payment: the undersign understands that medical, personal and financial records concerning the professional services will be released to the provider's attorney for collection. The attorney will act as the provider's "Business Associate" in compliance with the federal "health Insurance Portability and Accountability Act:"

I, the undersigned, certify that I ( ) am an active duty member of the US Armed Forces

( ) am not an active duty member of the US Armed Forces

_____ _____

Date Responsible Party