



PATIENT FINANCIAL POLICY NOTIFICATION

Golden Gate Obstetrics and Gynecology provides comprehensive women's healthcare services at all stages of life. While it is likely that most of our services are a covered benefit of your insurance plan, it is your responsibility to understand your benefits as there may be services that are not covered. For example: preconception/family planning consultations, fertility/infertility visits and related treatments, some laboratory and/or pathology testing are *not* a benefit of some health plans.

Initial _____

In the past few years, an increasing number of patients have chosen health insurance policies with high deductibles. Monthly premiums are generally lower, but patients are responsible for paying the first \$1,500-\$10,000 of medical expenses before the plan will pay anything. This is typically followed by a co-insurance responsibility (typically 10-30%) of all subsequent charges until a pre-determined cap is reached. While these plans generally do not cover any services or prescription drugs until the deductible has been met, some may waive the deductible for preventive services such as annual exams, mammograms, and pap smears. Some prenatal care, including ultrasounds, genetic testing, and other laboratory services are generally *not* considered preventative and are usually subject to deductible and co-insurance responsibilities.

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Most HMO and PPO plans require a co-payment for non-preventative services. When applicable, please be prepared to pay at the time of visit.

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Many health plans restrict the hospital, specialist, or laboratory you may use. The following list includes the outside providers we work with most often. It is your responsibility to confirm the following providers are contracted with your insurance plan and inform us if your plan dictates your use of an alternate provider. To the best of our ability, we are happy to accommodate requests for referrals to providers outside of this list.

- California Pacific Medical Center
- UCSF
- Universal Diagnostic Laboratory
- Counsyl Laboratory
- Sequenom Laboratory
- Combimatrix Laboratory

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As a courtesy, we bill your insurance plan for services rendered by our providers. Occasionally, insurance claims are denied due to coding/clerical errors. In these cases, we will review the original claim, correct any errors and submit the appropriate appeal on your behalf. Claim appeals are submitted in the event of an administrative error on our part. As part of our ethical responsibility to you and our contractual obligation to your insurance carrier, we cannot submit any appeal to include procedure/diagnosis codes outside of which were performed on the service date. If any claim/appeal is denied as a non-covered service, you are financially responsible for the full cost. Initial _____

All health plans limit the time in which we are allowed to submit claims. This “timely filing” condition varies between insurance carriers but is limited to a time period following a given service date. We make every effort to verify your insurance eligibility before your visit but it is your responsibility to inform us of any changes in your health plan coverage. In the event that your claims do not meet timely filing conditions due to your failure to make us aware of changes in your health plan, you are responsible for the full cost of services. Your health plan may offer the option of direct patient reimbursement. Please contact your carrier directly if you have questions about submitting/appealing claims directly. Initial _____

You understand that you are financially responsible for any services not covered by your plan. Initial _____

As the nature of health insurance evolves, so do our office policies. Our billing staff stands ready to work with you, helping you understand the complexities of your health coverage and ensure you receive the maximum benefits of your health plan. Our Business Office is available Monday-Friday 8:30am-5:00pm to answer your questions. This department can be reached directly at (415) 831-2195, Erma Hill or (415) 213-7201, Lucy Tootill.

I have read and reviewed Golden Gate Obstetrics & Gynecology’s financial policy and procedures. I am aware I am fully responsible for any visits/procedures not paid by my health plan.

Patient Name (please print) _____ Date of Birth _____

Patient Signature _____

Staff Use Only:

Acct/MRN _____ Staff Initials _____