



Patient Financial and Payment Policy

We are committed to providing the highest quality care and respect to our patients. To support that objective and maintain a mutual understanding with patients on payment expectations, we have outlined our patient financial and payment policy below. These practices ultimately help both you and us by allowing us to collect appropriately from insurance companies on your behalf while keeping our charges reasonably priced. Please read and acknowledge the policy by signing below. We encourage you to ask any questions – we are happy to discuss them with you. Thank you!

Proof of Insurance Coverage, Picture ID, and Credit Card is Required at Every Appointment

- As a courtesy to patients, we will bill your primary and secondary insurance plans; however, the patient is ultimately responsible for any service not covered by their insurance plans for any reason.
- It is your responsibility to notify us of changes in your health insurance or demographic (marital status, dependents, phone, address, credit card or bank account, etc) information.
- We are unable to bill third parties such as auto insurance or a liability insurance company.
- We retain your credit card on file for potential transactions. Please be assured that your credit card information is kept electronically secure, password protected, and separate from your medical records.
- Failure to provide subscriber information will result in the patient being fully responsible for any charges incurred.

Full Payment is Due When You Check in for Your Appointment

- This includes ALL co-payments, co-insurance, deductibles, prior patient balances, and non-covered charges for all services scheduled for the appointment; this includes all non-covered services such as entertainment/ pre-natal DVDs, flu shots, and telephone consults– which are not billed to insurance and must be pre-paid.
- Please ask if you would like an estimate of charges prior to your appointment.
- We accept cash, checks, and credit / debit cards-Visa, MasterCard, American Express and Discover.
- We require a valid credit card on file that is authorized to be charged for any incidentals, phone payments, and balances unpaid within 45 days from date service was provided.
- For elective and non-emergent surgeries not fully covered by insurance, we require full payment of patient responsibility amount 7 days prior to scheduled surgery date.
- If you elect not to pay all estimated patient responsibility up front for obstetrical care, we offer a payment plan with equal installments through the 32nd week of pregnancy. If you neglect to pay your portion of global ob fees in full by 32 weeks of pregnancy you may be discharged from our care.
- If you are unable to make full payment when you arrive, we may ask you to reschedule.

Self-Pay Accounts

- We provide a prompt-pay discount on services to self-pay patients in good payment standing.
- We are unable to submit your charges to your insurance company if you choose self-pay.
- We define self-pay accounts as the following: (1) patient is covered by an insurance plan that our providers do not participate in, (2) patient does not have a current, valid insurance card on file, (3) patient does not have a valid insurance referral on file as required, (4) patient does not have health insurance coverage, or (5) patient did not update their health insurance or demographics on file prior to the date of service.

Referrals/Pre-Authorizations

- Knowing and understanding your insurance benefits are your responsibility.
- If your insurance plan requires a referral, please provide that written referral at the time of check-in. If you're unable to provide it, we may ask you to fully pay for the services (until the written referral is provided) or reschedule.



- We will try to obtain prior authorization on your behalf whenever possible, but it is your responsibility to verify that any required prior authorization has been obtained.

Billing, Payments and Refunds

- Any charges not paid by your health insurance will result in patient responsibility.
- All balances are due in full within 14 days of the statement date.
- If you cannot pay the balance in full within 14 days, please contact us at 303 805 1807 to discuss options. We want to work with you to arrange payment.
- Any payments made may be applied to a certain portion or to your entire account.
- If you have a credit balance on your account unrelated to a payment plan, we will issue a refund within 30 days of written request if there are no other outstanding claims or balances on that account or other accounts with the same responsible party.
- Checks returned unpaid by your bank incur a \$30 charge.
- Appointments canceled less than 24 hours in advance and no-shows incur a \$50 charge.
- Any unpaid balances unrelated to a payment plan incur a 3.75% late fee every 30 days.
- We reserve the right to report delinquent accounts to credit bureaus, assess interest and late charges up to state maximums, take other collection action, and terminate you as a patient of this practice.
- Accounts with outstanding balances more than 90 days old may be sent to a collection agency.

I authorize payment of medical benefits to medical provider, Vandna Jerath, M.D. and Optima Women’s Healthcare, PLLC. I authorize the release of medical information necessary for processing insurance claims. I authorize use of my credit card in accordance with this agreement and understand my credit card may be charged. I understand that I may be personally responsible for paying for medical services provided if I have not provided correct and current information. I also understand that I may be personally responsible for paying for medical services provided if my insurance company denies, for any reason, any claims presented to them. I have a valid referral for the visit, if required by insurance.

I have read and understand the Patient Financial and Payment Policy and I voluntarily agree to its terms.

Patient Name-Please Print

Date of Birth

Responsible party (guarantor) if different – please print

Date of Birth

Signature of responsible party

Date