



Financial Agreement - 2019

Parties – Jonathan C. Snead, MD PA d/b/a Alliance Womens Healthcare (otherwise known as “we” “our” “us” or “Alliance Women’s Healthcare”) and [REDACTED] (otherwise known as “you” “your”). The “claim” is based on the services provided for any given date of service. There may be more than one “claim” as well as more than more than one “date of service” or “service” provided. This Agreement contemplates all claims for all services rendered on any given day.

The parties agree to the following:

- It is your responsibility to provide us with your most current insurance information. If you change insurance or fail to maintain insurance, you must notify our office immediately if you are a current patient. A “current patient” is any OB patient who has not delivered or any other patient who has an appointment of any kind.
- If you fail to provide accurate insurance to us information in a timely manner (prior to your insurance termination), your insurance company may deny your claim. If the claim is denied, you will be financially responsible for services rendered.
- Please note, as medical providers, our relationship is with you, not your insurance company. Your insurance is a contract between you, your insurance company and possibly your employer. It is your responsibility to know and understand your benefits and eligibility.
- If you have **Medicaid** coverage of any kind, you must notify us prior to your visit. This is part of your agreement with Medicaid. **Failure to do so may result in your full financial responsibility.**
- We may accept assignment of insurance after verification of your coverage. Please be aware that some or perhaps all of the services provided may not be covered in full by your insurance company. **Therefore, you are financially responsible for services not covered by your insurance company. It is your responsibility to know your benefits.**
- Prior to receiving services, you must verify that we are participating providers for your insurance company by calling your insurance company or logging into your carrier’s website.
- We charge what is usual and customary for our area. You are responsible for payment if your insurance company disputes payment for your claim.
- Copayments, coinsurance and/or deductibles are typically due at the time of service. We will provide a good-faith estimate the amount you owe based on information we receive from your insurance company. This will only be an estimate and in no way does it imply a contractual arrangement indicating an agreed upon amount actually due. We will not know how much is actually due by you until we receive payment from your insurance company.
- You are responsible for paying the full amount determined by your insurance company once they have paid your claim – regardless of our estimation. Please review your explanation of benefits or contact your insurance company if you have any questions.
- **We must have a current copy of your insurance card on file. We require a copy of your driver’s license/picture ID and insurance card at every visit.**
- You must provide your most current billing address, telephone numbers and any other important contact information. If your address or contact information changes, modifications can be made via our secure patient portal at www.alliancewomenshealthcare.com
- We will send a statement to the billing address on file to notify you of any balances you may owe. If you have any questions regarding your balance, it is your responsibility to contact our office after receipt of the initial statement. We will assume you do not dispute the charges if you do not contact our office within 30 days of receipt of a statement.
- **Payment in full is due upon receipt of the statement.** Patient balances not paid in full within 30 days of the statement issue date are deemed past due. **Past due accounts may be subject to a \$5.00 monthly late fee and may be referred to a professional collection agency and/or attorney for further collection activity.** You will be responsible to pay all collection costs incurred, including but not limited to attorney’s fees, court costs and interest if applicable. The laws of the state of Texas apply and venue is proper in Tarrant County.
- If you are not able to pay the balance due in full, you must contact our office to discuss a payment schedule. If you fail to make payments as agreed upon, your account may be referred to a professional collection agency and/or attorney.
- If your account is assigned to a professional collection agency, you will be notified by certified mail that you will no longer be able to receive services from Alliance Women’s Healthcare.
- All returned checks are subject to a \$35.00 charge in addition to your original balance.
- At our discretion, we may charge you a \$50.00 “No Show” fee if you fail to cancel or reschedule your appointment at least 24 hours prior to your appointment date.
- Full payment is due at the time of service. We accept cash, checks and most major credit cards.

PATIENT NAME: [REDACTED]
PATIENT SIGNATURE: [REDACTED]

DATE OF BIRTH: [REDACTED]
TODAY’S DATE: [REDACTED]