



**Women's Health Specialists of Montgomery County PA**

Gynecology-Gynecologic Oncology  
6301 Executive Boulevard  
Rockville, MD 20852  
Phone: (301) 770-4967

**FINANCIAL POLICY STATEMENT**

Welcome to Women's Health Specialists of Montgomery Co., P.A., otherwise known as Women's Health Specialists. We are glad you have chosen our practice for your medical care. We ask that you carefully read and sign the following statement. We must emphasize that, as your medical care provider, our relationship is with you and not your insurance carrier. You are responsible for supplying our staff with your current insurance card prior to seeing the doctor. If you do not have your card, you will be required to pay for the visit in full, at the time of service. We will refund any overpayment to you upon determination of your benefits by your insurance carrier. As a courtesy to you, we will file your claim with your insurance company. However, you are the sole responsible party for all charges incurred and guarantee payment thereof. If we are contracted with your insurance company, we will accept assignment. You will be responsible for your payment portion at the time of service. Failure to provide necessary referrals and/or authorizations or failure to provide current, accurate billing information will result in all charges for services becoming the sole responsibility of the patient/responsible party. You are expected to understand your benefits coverage and responsibilities. This includes obtaining any referrals and/or authorizations which your insurance company might require before care is provided.\* All co-pays, co-insurance and deductibles are due and payable at the time services are rendered. If we do not have a contractual relationship with your insurance company, you are responsible for 100% of the payment at the time services are rendered. Our practice is committed to providing the highest quality of treatment to our patients, and our charges are customary for our area. You are responsible for these fees regardless of any insurance carrier's arbitrary determination of "usual & customary" rates.

We accept as payment: Cash\* Check\*Debit\* Visa\* MasterCard\*

Should a monthly payment plan become necessary, arrangements can be made through our billing office. Failure to pay for services or adhere to payment arrangements will result in collection activity. All collection costs incurred by Women's Health Specialists including attorney fees (at 33 1/3 % of principal balance) will be the sole responsibility of the responsible party named herein.

In consideration of the services performed by Women's Health Specialists., you agree to abide by the terms of this Financial Statement.

I, \_\_\_\_\_ hereby authorize Women's Health Specialists. to apply for benefits on my behalf for services rendered.

I certify that the information I have provided is correct. I authorize the release of any necessary information, including medical information for this or any related claim to the health insurance I have provided. I permit a copy of the authorization to be used in place of the original. I may revoke this authorization at any time in writing.

\_\_\_\_\_  
**Patient or Responsible Party Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**WHS Witness**

\_\_\_\_\_  
**Date**