

*First State Women's Care
A division of Women First, LLC
Office and Financial Policies*

Thank you for choosing First State Women's Care. We are dedicated to providing our patients with the best possible care and services. We would like to take the time to review some of our office policies.

1. We accept cash, check, Visa or MasterCard. Returned checks are subject to a \$30 service charge.
2. All payments are due at the time of service unless previous arrangements have been made.
3. If an account is delinquent and placed with our outside collection agency, you will be financially responsible for all collection and legal fees that our office incurs through the process utilized to collect the outstanding delinquent balance.
4. Medicare usually only covers routine exams and pap smears every two years. You are responsible for any deductibles or coinsurance not covered by Medicare.
5. We require 24 hour notice of cancellation of your appointment. If proper notice is not given, you may be subject to a \$25 missed appointment fee.
6. We require at least 7 days notice if you need to reschedule or cancel your outpatient or inpatient surgical procedure. If notice is not given, you will be subject to a \$50 fee.
7. We will be happy to complete disability forms. This is subject to a \$20 administrative fee. Please allow 7-10 business days for completion of any forms.
8. Copies of Medical Records will be subject to a fee schedule as defined by Delaware Law. Please allow 7-10 business days for completion of your request.
9. Please verify with your insurance company which lab and radiology facilities you may utilize. Each insurance company has different preferred providers.
10. It is the patient's responsibility to check with the insurance company to determine if authorization or referrals are needed. If you need our office to process an authorization/referral for services, we require 48 hours notice to complete the request.

I have read and fully understand the office and financial policies set forth. I agree to the terms of the above policies. I also understand and agree that the terms of the financial policy may be amended by the practice at any time without prior notification to the patient.

Signature of Patient and/or Guardian

Date

Print Name

I have reviewed a copy of the privacy practices of First State Women's Care.

Signature of Patient and/or Guardian

Date