

## Welcome to Kamm McKenzie OB/GYN

Thank you for choosing Kamm McKenzie OB/GYN as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship.

### Financial Policy

#### Insurance Policies:

**All copays and past due balances are expected at the time of service.**

We will, as a courtesy, file insurance claims that we participate with on your behalf. If you fail to provide us with the correct insurance policy, and we cannot file claims within the timely filing limit for your insurance carrier, these charges will become your responsibility.

**All registration forms require the insurance field filled out; even if you present your card. This protects our practice from errors occurring. Thank you for your understanding.**

OB patients having coinsurance and deductibles will be expected to pay their estimated amounts by their 28<sup>th</sup> week of pregnancy. Late transfer OB patients will be expected to pay by 36 weeks.

#### Self-Pay:

You will be considered a "Self Pay" patient if you do not have insurance or carry an insurance we do not accept. Our list of accepted insurance plans can be found on our website.

**GYNS:** Payment is expected at the time of service. We will discount the office visit portion at 20%.

**OB'S:** Will be expected to pay \$3400.00 for a vaginal delivery/ \$3600.00 for Cesarean Section by their 28<sup>th</sup> week of pregnancy.

We offer a 20% discount for **self pay with no insurance** if the balance is paid in full within 45 days of the initial OB work up visit.

**LABS and Pathology:** All labs and specimens will be sent out to our participating lab Wake Med. The bills are handled by Wake Med and need to be addressed with Wake Med, not Kamm McKenzie.

#### Surgery Deposits:

We verify benefits for all hospital surgeries and extensive in-office procedures. You will be notified of your financial responsibilities before treatment, and **payment is expected before your procedure is performed.**

Please understand that not showing up for an in-office procedure appointment prevents other patients from getting their surgery sooner. If you do not present for your scheduled procedure without prior notification you will be charged \$100.00 for room preparation. This fee will have to be paid before you will be allowed to schedule any additional appointments.

I understand that I am responsible for my bill regardless of insurance coverage. If my account should become delinquent, I agree to pay all costs incurred in collecting the account, including a reasonable attorney's fee.

I hereby authorize release of medical information to insurance company/companies and authorize payment directly to Kamm, McKenzie, Harden, Smith, Bass, Saacks & Marston, P.L.L.C.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 01/22/2018