



## AGREEMENT REGARDING PAYMENT TERMS AND CONDITIONS

Payments for professional services are due at the time services are provided. We accept cash, personal checks Visa, MasterCard, Discover Card and financing through one of the companies on our website.

### **Insurance**

It is your responsibility to know what your insurance covers and does not cover. You are ultimately responsible for all charges not covered by your insurance. Some insurance plans limit the number of procedures they will cover within a treatment cycle, so there may be times when not all procedures done will be covered by your insurance.

If we have received all of your insurance information 24 hours prior to the day of the appointment and we are able to confirm eligibility, we will be happy to file claims on your behalf for covered services at AFC. The accuracy of all the information we receive is essential for proper claim filing. We will assist you in estimating your portion of the fee for services; however, we can not guarantee what your insurance company will pay on a claim. **Please understand that filing your claims is a courtesy our office provides to our patients, it does not guarantee payment to us.** We are providing our professional services you – not the insurance company! Consequently, you are ultimately responsible for payment of our fees.

For example, if your insurance states that they will cover diagnostic testing only, this means that they will not pay for the mid cycle or follicular ultrasound of a treatment cycle. This particular type of ultrasound would be considered self pay.

### **BENEFITS ARE NOT DETERMINED BY OUR OFFICE**

Benefits are not a guarantee of coverage or payment. Coverage is determined when the claim is actually received.

You may have noticed that sometimes your insurance reimburses you or the doctor at a lower rate than the doctor's actual fee. Frequently, insurance companies state that the reimbursement was reduced because your doctor's fee has exceeded the usual, or reasonable fee ("UCR") used by the company. A statement such as this gives the impression that any fee greater than the amount paid by the insurance company is unreasonable or well above what most doctors in the area charge for a certain service. This can be very misleading and simply is not accurate.

Insurance companies set their own schedules and each company uses a different set of fees they consider allowable. These allowable fees may vary widely because each company collects fee information from claims it processes. The insurance company then takes this data and arbitrarily chooses a level they call the "allowable" UCR Fee. Frequently this data can be three to five years old and these "allowable" fees are set by the insurance company so they can make a net 20%-30% profit. Unfortunately, insurance companies imply that your doctor is "overcharging" rather than say that they are "underpaying" or that their benefits are low. In general, the less expensive insurance policy will use a lower usual, customary, or reasonable (UCR) figure.



Once the physician has determined your treatment protocol, you will have a financial visit to discuss the upcoming treatment and identify charges for expected procedures. However, once treatment begins, unique patient situations sometimes require additional procedures. These additional procedures may not be announced to you as "additional" by our clinicians, as they are providing you with care based solely upon your individual needs. (These procedures for example may relate to extra ultrasounds and blood tests to monitor effects of medication during ovarian stimulation.)

All prices quoted to you are quoted under a fee for service arrangement. Under the fee for service arrangement, you will be charged for all of the services provided by AFC, and you will not be entitled to a refund in the event that, for any reason, the treatment is not successful.

This arrangement may not be modified by a verbal agreement.

**You will be financially responsible for all services provided, even if such services were not anticipated when you began treatment and are not included in the financial visit. Charges that are patient responsibility and remain unpaid after 30 days are subject to an administrative fee of \$15.00 per billing cycle.**

I agree to be responsible for all charges incurred by me and to pay my account. If my account is sent to an attorney or collection agency, I agree to pay attorney's fees and/or collection agency expenses. The amount of the attorney's fee shall be established by the Court and not a jury in any court action. A delinquent account may be charged interest at the legal rate.

If I am entitled to benefits of any type whatsoever under any policy of insurance, the benefits are hereby assigned to AFC or to the provider group rendering service, for application on my bill. However I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF MY BILL. In rendering treatment, AFC is relying on my agreement to pay the account.

I have read and understood the AFC payment terms and conditions.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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