

PRACTICE GUIDELINES AND PATIENT FINANCIAL POLICIES
Westlake GYN ~ Neeta Ambe-Crain, M.D.

Please review and initial next to each item.

1. _____ **Financial responsibility:** You accept financial responsibility for all charges for services rendered to you. If a minor or under guardianship, the parent/guardian accompanying the patient assumes this liability. All copayments, deductibles coinsurance, or non-covered services are to be paid in a timely fashion according to the office policies. It is your responsibility to review your insurance EOBs. You agree that if your insurance company takes more than 60 days to respond to your insurance claim that we shall consider your services your financial responsibility. Payments are due upon receipt of the statement. Accounts more than 120 days old are subject to transfer to an outside collection agency. You agree to be liable for all such collection expense, legal fees, and court costs.
2. _____ **Insurance HMOs and PPO's:** You understand that **we do not accept any HMOs**. We only accept PPO insurance. **We do not accept HealthNet PPO, Medicare or Medi-Cal.** If you choose to see one of our practitioners and you have an HMO, HealthNet, Medi-Cal you are considered a cash patient and payment in full is due at the time of service.
3. _____ **Laboratories:** You understand that you are responsible for all laboratory fees. We use Thousand Oaks Pathology Associates for papsmears and biopsies and Quest Diagnostics for all other in office lab work. ***It is your responsibility to know which labs are covered by your insurance.***
4. _____ **Prescription refills:** It is our policy that you should be responsible to know when your medications must be refilled at least a week before you run out. Medications are refilled only at the patient visit or when requested in advance through your pharmacy. This includes all mail-order prescriptions. All mail-order prescription paperwork must be filled out by patient. We cannot take weekend, walk-in, after hours, or phone call requests.
5. _____ **Lost prescriptions and orders:** It is the patient's responsibility to keep prescriptions and orders until needed. If we need to replace orders or prescriptions we require 48 hours to process.
6. _____ **Missed or cancelled appointments:** We require a minimum of 24 hours (or the Friday before a Monday appointment) notice of cancellation as a courtesy to other patients seeking services. A fee of \$25 will be charged for non-cancelled and missed appointments. A pattern of non-cancelled missed appointments may result in discharge from the practice.
7. _____ **Medical records:** The medical chart is the property of the practice. However, copies of your pertinent medical information are available upon request. The practice charges a fee for a copy of the records of \$0.25 per page plus postage if applicable.
8. _____ **Patient discharge:** The practice reserves the right to discharge a patient for any reason. Please note that discharges may occur for failure to meet your obligations under this document. In addition, because of care quality considerations, the practice may discharge you for failure to comply with treatment plan(s) as outlined by your practitioner.

I have read and understand all the terms of this policy. By my initials and my signature below, I attest that I fully understand each item and agree to the terms above.

Signature _____ **Date** _____

Printed Name _____