



## ***Financial Policy***

Thank you for choosing The Menopause Center for your care. We understand that medical care is expensive and that health insurance premiums are expensive. The reason that we have chosen the path of not participating with insurance plans is to offer you a better form of medicine. You will have more time with your physician, and will have more frequent physician follow up appointments to monitor your progress. Dr. Hall will search for the root cause of your problem, and will prescribe a plan of action tailored specifically for you. This type of medical care, not dictated by the rules of the insurance companies is better and we are motivated daily by our excellent results. Remember that optimal health is your single most important asset.

Please review the information below, then enter the date and sign on the back to indicate that you have read and fully understand our financial policy. If you do not understand any part, please ask for an explanation.

### ***Insurance***

We do not participate in any insurance plans, and therefore we expect payment in full at the time of visit. Any contract that you may have with an insurance company is between you and that company. We are not part of that contract. At the time of payment, we will give you a “superbill” which includes the services provided in the office and the accompanying diagnosis. The superbill will have the proper codes and is ready to attach to an insurance claim form that you download from your insurance company website for reimbursement. It is each patient’s responsibility to check with their insurance carrier for information on their policies, benefits and procedures.

HMO plans will NOT pay for out of network providers. PPO plans often pay 80% of their reduced fee schedule after your deductible. The deductible for out of network may be separate or higher than the in-network deductible. Many PPO plans pay for annual visits and are not subject to a deductible

***Medicare:*** We are not Medicare providers and we have “opted out”. This means that Medicare will not pay for our services, however laboratory fees are usually paid by Medicare. Your secondary insurance may cover part of our services and it is recommended that you check with them regarding their payment policies prior to your visit. Health Savings Plans- Most of our services are eligible for reimbursements through your Health Savings Account. Bring your HSA credit card with you to your office visit.

***Reimbursements for laboratory tests:*** Pap smears and cultures--billed as an “in network” provider by the lab. Microscopic exam for vaginal infection, urine dipstick, urine pregnancy test, stool test for blood-in office tests that are billed by our office are usually a covered service by your insurance.

### ***Bloodwork***

#### ***In-house option***

The blood is drawn and sent from our office, saving you time and money. We offer discounted prices from the retail lab prices, usually 50% or more lower price. Our in-house option is often cheaper than going to the lab and paying 20% of the higher price and it is cost effective for anyone with a high deductible. The blood work charges are included in your superbill that you can submit for out of network benefits. We give you the total price before we draw your blood.

1. ***At the Lab Option:*** You can always go to the lab to have your blood drawn. It is best to make an appointment with Quest or Lab Corp. We will give you a request for the ordered blood work. The lab will then bill your insurance directly as an in-network provider. In general, you are subject to 20% of the cost of each lab test if covered or 100% if your insurance decides the test is “not necessary”, and therefore not covered. It is impossible to reliably know if your insurance will pay for specific tests ahead of time.
2. ***Specialized testing*** is necessary, in most cases. It is one of the important tools we use to find the source of your problem and is frequently not covered by insurance. The price of the test will be discussed with you before the test is done.

***Additional Fees:***

*Missed Appointments* – A fee of \$150 is charged for an appointment that is not canceled within 24 hours. The reason for this charge is that we must keep a full schedule to run our business. If you cancel with little warning, we do not have time to fill the appointment slot.

*Copy records fee*- \$20 per request and .50 per page up to 50 pages, then .25 per page thereafter

*Letter Fee* - \$25 (includes letters of necessity for both insurance companies and patients)

*Prior authorization* (medication) - \$20

*Returned Checks* - \$25 plus any fees charged by our bank

Print name: \_\_\_\_\_

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

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