



Financial Policy & Insurance Card Requirements

We are committed to meeting your health care needs. Our goal is to keep your insurance or other financial arrangements as simple as possible. In order to accomplish this in a cost-effective manner, we ask that you adhere to the following guidelines. As a courtesy to you we will file your health insurance plan, if we are a participating provider.

1. Your insurance card is required to be presented at each and every appointment.
2. Must be your current insurance card, and we cannot accept another family members card.
3. Payment is expected at time of service.
4. You will be responsible for any and all services in excess of your insurance limits as well as all non-covered services. It is your responsibility to know and understand your insurance plan and what you are responsible for.
5. If we are not a participating provider of your plan full payment is due at the time of service, unless prior arrangements have been made.
6. A monthly billing statement will be mailed to you of any outstanding balances.

Please read carefully:

I hereby authorize Wellstar Kennestone Ob/Gyn to furnish information to insurance carriers concerning my illness or treatments and I hereby assign to Wellstar Kennestone Ob/Gyn all payments for medical services rendered. I am aware that it is my obligation to know my insurance company's policies and that I'm responsible for payment if I have not fulfilled their requirements.

Printed Name: _____ DOB: _____

Signature: _____ Date: _____