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VistaWomens.com



Patient Financial Policy

Thank you for choosing Vista Women's Healthcare as your provider. We are committed to providing you with the best possible treatment available and believe understanding our financial policies is an essential element of your care and treatment. Annually, ALL patients are required by law to complete and update our "Information and Insurance Form". If you have no insurance coverage, you will be required to make full payment at time of service. We accept cash, check, Visa, Mastercard or Discover. We have a \$30.00 charge for all returned checks. Our billing and insurance department is available from 8:30 a.m. to 4:30 p.m., Monday through Thursday and 8:30 a.m. to 12:30 p.m. on Friday to discuss any question you may have regarding your insurance or your account at Vista Women's Healthcare.

INSURANCE: Your insurance policy is a contract between you and your insurance company. As a courtesy to our patients, we will file the charges; however, please note that incorrect insurance information or services that are not covered by your plan will be your responsibility. By providing your insurance information, you have asked, and promised to pay for the service we provided to you. All co-pays and deductible are due at the time of service.

We charge what is usual and customary for our area. If you have an HSA/HRA account, we require payment at time-of-service. We will provide all documentation and receipts necessary so you can be reimbursed by your account. Fraud laws prohibit us from changing your procedure and/or diagnosis codes "just to get your claim paid".

DELINQUENT ACCOUNTS: If your account becomes delinquent, our insurance department at Vista Women's Healthcare will make every effort to collect the debt incurred prior to being sent to a collection agency and possibly being dismissed from the practice.

MISSED APPOINTMENTS, PRESCRIPTION REQUEST and DISABILITY FORMS: In order to provide the best service and availability to ALL of our patients, we have a \$25.00 charge for any appointments not canceled at least 24 hours prior to the appointment time. There is also a \$25.00 charge for any prescriptions you call and request that were not requested at your visit, a \$15.00 charge for any disability form after the original form is filled out at no cost and a \$20.00 charge if you do not pay your co-pay at time of service.

I have read and understand the financial policy of the practice and I agree to abide by its guidelines regarding my financial responsibility to Vista Women's Healthcare for providing medical services. I certify that the information I provided is, to the best of my knowledge, current and accurate.

Print Name of Patient

Signature of Patient

Date