Austin ObGyn Associates

Financial Policy

Thank you for choosing us as your health care providers. The following is a statement of our financial policy. Your agreement with this policy is required prior to treatment.

- Payment for service is due in full at the time of your visit. All copays, deductibles and coinsurances are due at the time of service. We accept cash, check, Visa, Mastercard and Discover.
- There will be a $25 fee assessed for checks returned to us for insufficient funds.
- We cannot guarantee payment of your claims. Reduction or rejection of your claim does not relieve the financial obligation you have incurred. Please review your insurance policy and understand its provisions. You are ultimately responsible for knowing your plan benefits and for payment of medical charges.
- We do not file claims to secondary insurance. If you have a secondary insurance you would like to use it is your responsibility to file the claim.
- We accept assignment of insurance benefits for which we are participating providers. The insurance policy is a contract between the patient's responsible party and the insurance company. Any balances not paid within 60 days will be billed to the responsible party. Please be aware that some, and perhaps all, of the services provided may be non-covered services. It is your responsibility to determine this with your insurance company.
- All appointment cancellations require 24 hour prior notice. Missed appointments will be assessed a $25 fee. Please help us serve you better by keeping scheduled appointments. If multiple appointments are missed termination of care is possible.
- There will be a $25 fee assessed for all FMLA/disability forms completed by our staff. Please allow 10 business days for the completion of the forms.
- Medical records released to you are $25 for the first 20 pages and $0.15 per page thereafter. There is no charge for medical records released to another healthcare provider directly.
- All lab work will be billed separately by the respective lab and is not included in the charges for this office. Any questions regarding bills for lab work should be addressed with the lab directly.

I have read the above Financial Policy and I understand and agree to its terms and conditions.

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Signature of Patient or Responsible Party Date

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Printed Name