



FINANCIAL POLICY

Insurance/Payment

WEST DES MOINES OB/GYN ASSOCIATES (WDM OB/GYN) will file insurance claims for all patients, if appropriate insurance information is provided, such as a copy of the insurance card(s). If inadequate information is provided, the full balance will be the patient's responsibility, until such time that the necessary information is provided.

Payment in full is expected at the time of service, unless appropriate insurance information is provided, as defined above. When insurance coverage does exist, full payment of the copayments, coinsurance, and/or deductibles are required at the time of service. To assist in the payment process, WDM OB/GYN accepts cash, checks, and Mastercard/Visa/Discover/American Express.

WDM OB/GYN participates with a large number of insurance companies and will accept all contractual adjustments required by that participation. Even though we will file claims to companies with which we do not participate, we are not required to recognize payment reductions imposed by these companies. In addition, if we do not participate with your insurer and that insurer does not make payment within forty-five (45) days, payment in full will be expected from you at that time. If you are unsure as to whether or not WDM OB/GYN participates with your insurer, please ask one of our representatives.

Laboratory Services

WDM OB/GYN sends all pap smear/laboratory specimens to Pathology Laboratory, unless your insurer specifically requires that it be sent to Mercy Clinical Laboratory (MCL). To ensure that the specimen is forwarded to the appropriate laboratory, please advise the person collecting your specimen of the laboratory to which the specimen(s) must be sent.

Payment Plans

Once the insurer has made payment and/or indicates that the balance is the patient's responsibility, payment in full of the remaining balance is expected within thirty (30) days.

If payment in full is not possible, a formal payment plans must be established with the Billing Office by calling (515) 223-5466, Option 5.

I acknowledge that I have read and understand the information provided above. I acknowledge that I have had opportunity to ask questions regarding this information and that my questions have been answered to my satisfaction.

Signature _____ Date _____