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Contemporary OB / GYN Associates, LLC offers the following information regarding our policies. We ask that you read and sign at the bottom of the form to acknowledge that you understand our policies.

1. It is the **patient's responsibility** to inform the office of any changes of address, phone numbers and/or insurance information. Please make sure we are participating with your HMO or PPO plan. We **will not** be responsible if you are seen with an insurance company that we do not participate with. You will be responsible for all charges incurred.
2. Payment is expected at the time that services are rendered. Co – Payment is to be paid at the front desk prior to being seen.
3. If a referral is required by your insurance, it is your responsibility to bring it at the time of your appointment. If no referral is presented at that time, then you are financially responsible for the office visit, and you will be asked to sign a financial obligation form.
4. A \$30.00 fee is charged for all returned checks (insufficient funds).
5. A \$15.00 administrative fee for all disability forms, **including pregnancy**, will be assessed. This fee will be assessed each time our staff is requested to fill out a form.
6. There will be a charge for transferring and copying medical records when requested by the patient, other physician offices and / or insurance companies. Below is the fee schedule:
  - \$22.98 Processing Fee
  - \$0.79 Per Page
  - \$42.78 Storage Retrieval Fee
  - Cost of Postage
7. A collection fee **will be** assessed to the patient on any outstanding balances. These fees will range from **35% - 50%**, which will be determined by the age of outstanding balance.
8. **NO INFORMATION PERTAINING TO YOUR CARE AND CONDITION WILL BE RELEASED TO ANY OTHER INDIVIDUAL, INCLUDING SPOUSE AND/OR PARENT, WITHOUT WRITTEN CONSENT SIGNED FROM THE PATIENT.**
9. Our office utilizes SureScripts electronic prescription renewal module, which transmits the prescription data directly to the pharmacy of your designation.

I have read and I completely understand the office policies that are listed above. I am aware that it is my responsibility to give the correct information to the office and to meet my financial obligations. I take full responsibility of any incorrect information given to the office.