Atrium OB/GYN, Inc. Financial Policy

Thank you for choosing Atrium OB/GYN, Inc. We are committed to providing you with quality and affordable health care. Our practice financial policy is as follows:

Insurance. We participate with most managed care plans. If you are insured by a plan that we do not participate in, payment in full is required prior to your visit. We will ask you to verify demographic information and ask for your insurance card at each visit. Current information is essential for us to contact you regarding your treatment and for obtaining timely payment from your insurance company. If you are unable to provide a current insurance card and we are unable to verify your coverage, payment in full for each visit is required. Contact your managed care plan directly for any questions regarding your coverage. Patients are expected to know the requirements of their insurance plans.

Insurance Plan Changes and Coordination of Benefits (COB). If your insurance plan changes, please notify us before your next visit. If your payer requires a Coordination of Benefits (COB), you will be responsible for those charges and any upcoming charges until the COB is completed.

Claims Submission. The billing department will submit a claim to your managed care plan based on your insurance card provided on your visit. By signing this policy, you authorize Atrium OB/GYN, Inc. to release the necessary information to complete and process your insurance claims. A statement will be mailed to you for all balances applied to patient responsibility. Payment is due in full upon receipt of the statement.

Non-Payment. If your account remains unpaid, we may refer your account to a collections agency.

Non-Covered Services. Your insurance may not cover all the services you receive. They may not be considered reasonable or necessary by Medicare or other insurers. You will be required to pay for any services that have been determined by your plan to be "non-covered". Payment in full is due upon receipt of your statement for these services.

Copays, Deductibles and Coinsurance. If your plan requires a copayment, it will be due at the time of your visit. Any unmet deductibles and/or coinsurance may also be required prior to your visit. This arrangement is part of your contract with your insurance company.

Laboratory Services. We will submit your specimens to Aultman Lab Services or Pathology Laboratories depending on your insurance.

No Show Fee. If you fail to attend your scheduled appointment or do not cancel or reschedule at least 2 hours before your appointment time, the appointment will be considered a no-show. A $25 no-show fee may be assessed for each missed appointment. If you have multiple appointments scheduled on the same day, the no-show fee applies to each missed appointment individually. No-show fees are the sole responsibility of the patient and must be paid in full before any future appointments can be scheduled.

Anesthesia Cancellation Fee. If you do not cancel or reschedule within 5 business days prior to your procedure, you will incur a $300 non-refundable cancellation fee. You will be asked to place a credit card on file for the fee if your pre-payment is less than $300. Cancellation fees are the patient's sole responsibility and must be paid in full prior to rescheduling.

Forms of Payment. We accept Cash, Check, Visa, MasterCard, Discover and Care Credit. You will be charged a $30.00 processing fee for Non-Sufficient Funds checks presented to the practice.

Additional Information. We do charge for copying medical records and completion of forms.

If you have any billing questions, please contact our billing department at 330-492-2083.