

FERNS, MATILE, PERRYMAN, & MOORE, M.D.'S, P.C.

OBSTETRICS & GYNECOLOGY

GERALD U. MATILE, M.D.

DOUGLAS R. PERRYMAN, M.D.

JULIE A. MOORE, M.D.

AMY S. CARTER, D.O.

ASHLEY A. RYAN, M.D.

MEGHAN L. HURT, M.D.

LEE ALISON VOI, CNM, MSN

Financial Policy

Welcome

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible medical care. Your clear understanding of our practice financial policy is important to our professional relationship. Payment of your bill is considered part of your overall treatment. In order to keep healthcare costs to a minimum, we have adopted the following policies.

Fees and Payments

Fees are standard and based on the complexity of your visit. Payment in full is required at the time of your visit and can be made with Cash, Personal check, Money order, Visa, MasterCard, Discover or American Express.

Insurance co-payments are due at the time of service. If you are unable to pay your co-payment at your visit, your appointment may be rescheduled. If it is necessary that you be seen, a copay service charge will be added to your account.

While filing insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date of service rendered. Your insurance is a contract between you, your employer and the insurance company. Before your visit, contact your insurance to verify that we are participants in your plan and the services you intend to receive are covered. In order for us to file a claim, you must present a **CURRENT** copy of your insurance card and communicate any changes in personal information.

Not all services are covered by all policies. It is very important that you understand your policy provisions. We cannot guarantee payment of all claims by your insurance.

Required at check-in

1. Verify personal contact information
2. Present current copy of insurance card
3. Present picture ID
4. Payment of any outstanding balance
5. Payment of copay for that days service

If we are unable to verify active insurance coverage, you will be responsible for payment in full for any services received.

Self pay

In order to address the needs of our patients without insurance, we offer a 30% discount off our standard fees. This discount acknowledges the lower cost in billing and collections when a claim does not need to be submitted to a third party payer. In order to qualify, payment needs to be made **IN FULL** prior to or on completion of your visit. This policy does not apply to miscellaneous charges.

Medicare

We accept Medicare patients and will bill our services at the allowed rate. Medicare may require you to sign an Advanced Beneficiary Notice (ABN). This form helps to explain services that Medicare may not cover and that may be your responsibility. Lab work requires a separate ABN signature.

Family Medical Leave and Disability paperwork

Forms directly from your employer require time for the staff to complete. We are happy to complete these forms for you, however, there is a 7-10 business day turnaround and a fee for this service payable in advance.

Medical Records

In order to be in compliance with Missouri State Law and HIPAA regulations, we charge a per page charge payable in advance. If transferring care or a collaborating physician requests your records, there is no charge.

Minor Patients

For all services rendered to minor patients, we will look to the adult accompanying the patient for payment.

Miscellaneous Charges

Returned check charge - Checks that are returned non-sufficient funds are subject to an additional fee.

Collection charge - Accounts that are not paid may be sent to an external collection agency and reported to the Credit Bureau. In addition to your outstanding balance, a surcharge will be added to cover the cost of collection.

Lab charges - If you receive lab services you will get a separate charge from the lab that performs the service. Please contact them directly with any questions.

We realize that temporary financial problems may affect payment to your account. Please contact our billing staff at (816) 931-9344 for assistance.

You agree, in order for us to service your account or to collect any amounts you may owe, our organization as well as the representatives of our debt collection agency, may contact you by telephone at any telephone number associated with your account including wireless telephone numbers which could result in charges to you.

Our organization's representatives and the representatives of our debt collection agency may also contact you by sending text messages or e-mails using any e-mail address you provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device as applicable.

I have read and understand the financial policy of the practice, and I agree to be bound by its terms. I also understand that the practice may amend such terms from time to time.

Printed name of patient

Signature of patient or Responsible party if patient is a minor

Date