

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth



## Payment Policy

Thank you for choosing Kathy Wolf, MD PC for your OB/GYN care. We are committed to providing you with quality and affordable health care. Please read this policy in its entirety and sign at the bottom.

1. **Proof of insurance.** All patients must present their most current insurance card at each visit. In addition, we must obtain a copy of your driver's license to establish your identity. Failure to provide proof of insurance will result in rescheduling of your appointment.
2. **Insurance.** We participate in many insurance plans. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. If you are not insured by a plan we do business with, payment in full is expected at each visit.
3. **Co-payments and deductibles.** All co-payments, co-insurances and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.
4. **Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. Any non-covered services become patient responsibility.
5. **Claims submission.** As a courtesy, Kathy Wolf, MD PC will submit all applicable services rendered in the office and the hospital to your insurance carrier(s). We will assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim.
6. **Nonpayment.** If your account is over 90 days past due, we may refer your account to a collection agency. At that time, you may also receive notice that you are to be discharged from this practice unless your account is resolved immediately. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.
7. **Missed appointments.** Our policy is to charge for missed appointments not canceled within a reasonable amount of time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your scheduled appointments and procedures.

### Insurance Authorization and Assignment

I hereby authorize Kathy E. Wolf, M.D, P.C. to disclose information concerning my illness and treatments to my insurance carrier and I hereby assign all payments for medical services rendered to myself or my dependents to Kathy E. Wolf MD, PC. I understand that I am responsible for any amount not covered by insurances.

I understand that I may be charged a \$50.00 fee for missed appointments without at least 24 hours prior cancellation notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Subscriber or Beneficiary

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Printed name of Subscriber or Beneficiary

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Update 02/24/2017