



Suburban Women's Healthcare Financial Policy

Thank you for choosing Suburban Women's Healthcare, P.C. for your OB/GYN healthcare provider. We strive to deliver comprehensive and preventative healthcare while educating our patients to make the best informed decisions for a healthy lifestyle. As an office, we are committed to the success of your medical care and treatment.

Payment at time of service:

This includes all applicable copays, deductible balances and co-insurance associated with each individual's insurance policy. You, the patient, are responsible for understanding your policy and making the appropriate payment at the time of check-in. Please make sure to give the front desk the correct insurance information to prevent billing errors. You will be held responsible for any services that are delayed due to incorrect billing information that you give us.

Copays:

All copays are required at the time of check-in. Patients who do not pay their copay at the time of service will incur a \$10 surcharge in addition to their copay.

Deductibles and Coinsurances:

There will be a pre-estimated amount due at the time of service for patients with deductibles or coinsurance plans. The amount collected at check-in is only an estimate as we are unable to determine all services which will be completed prior to being seen. You will be billed for any remaining amount due once your services have been billed and processed through your insurance company. If you have overpaid for any reason, you will receive a refund once we receive confirmation from your insurance company. The prepaid amount our office will charge for deductibles and coinsurances will range from **\$50 to \$100** at the time of service and are subject to change if applicable.

Self Pay/No Insurance:

Patients who have no insurance coverage will be required to pay an estimated amount for the visit in full. The amount collected at check-in is only an estimate as we are unable to determine all services which will be completed prior to being seen. You will be billed for any remaining amount due or refunded if you overpay after your bill has been processed.

No Show Policy:

Patients who fail to keep their appointments without canceling or rescheduling without 24 hours notice or are more than 15 minutes late for their set appointments will be responsible for a **\$50 no show fee**. Please be courteous to the fact that this was a set appointment time in the provider's schedule which results in them not seeing you and also prevented another patient from being scheduled at that same time slot.

Medical Records:

If you are transferring your medical care to another practice/provider, our office does charge \$0.75 per page, per NYS Public Health Law 18, not to exceed a \$50 charge. Patients who request their lab results or office visits will be sent to their primaries or specialists for coordination of care will not be charged. Please contact our medical records department at (716) 876-5512, ext. 404 with any questions.

Additional Questions/Concerns:

Our business office is available to answer any questions regarding your bill, charges or refund status during normal business hours. Our business office phone number is (716) 876-5512, ext. 401 or 402.