



Payment Policy

At Valley Women For Women, PC, we are committed to providing top quality care to our patients at reasonable and affordable prices. We believe that it is unfair for our responsible patients to absorb the costs and increased administrative expenses of patients who do not pay for their services. By holding all patients responsible for payment, we aim to reduce overall costs.

Therefore, we ask all patients to adhere to the following strict payment policy. All patients are required to pay any co-payment amount and any past due balance at each check in. In addition, all patients are required to either:

1. Present a valid insurance card at each visit.
- OR -
2. Pay for services prior to receiving services.

We ask that all patients verify their current address at each check in. Patients having delinquent accounts whose addresses are invalid will eventually be turned over to a collection agency and will be subject to late fees, interest charges, and collection fees similar to any patient having a delinquent account as outlined below.

We commit to expediently processing charges, claims, and statements as outlined below:

Date Of Service:

- + 1-5 business days:
 - Charges posted and *Statement 1 sent
- + 29-33 calendar days:
 - *Statement 2 sent; Notice of potential late fees and interest
- + 57-61 calendar days:
 - *Statement 3 sent; Late fees and Interest applied
 - Notice of Collections Reporting sent.
- + 85-89 calendar days:
 - *Statement 4 sent; Late fees and Interest applied.
 - Reported to Initial Collection Agency
 - Credit agency reporting warning sent
- +113-117 calendar days:
 - *Statement 5 sent
 - Reported to Last-Resort Collection agency
 - Patient's credit rating impacted

*Statements are only sent to patients having a positive balance after any insurance payments have settled.

I, the undersigned, hereby acknowledge that I have read and agree with the above outlined payment policy. I understand and agree that I am responsible for all charges and I authorize Valley Women For Women, PC, to take the above actions to collect payment. I agree that I am responsible for any late fees, interest fees, collection fees, or legal fees related to collecting payment for my charges. I further authorize Valley Women For Women, PC, to report me to a collection agency or to credit agencies, if required. I understand that Valley Women For Women, PC, submits insurance claims on my behalf, if applicable, but that I am ultimately responsible for payment of all charges.

Signed _____ Dated _____

Printed Name _____