ADRIATICA
Women's Health
OB/GYN

Patient Notification of Financial Guidelines

Statements and Payments: If you have a balance, we will send a monthly statement reflecting prior balances, new charges, and payments or credits. Unless other arrangements are approved in writing, balances are due upon receipt and are past due after 30 days. Required co-payments must be paid at the time of service.

Self-pay patients: All self-pay patients are required to pay a deposit before being checked in for their appointment. The current deposit is $240.00 for new patients and $180.00 for established patients. After the appointment is completed, the patient will be refunded any overpayment or charged any additional cost within 30 days.

Returned checks:-A $35.00 fee will be applied to any checks returned by the bank.

Contracted insurance: If we are contracted with your insurance, we must follow our contract and their requirements. If you have a co-pay or deductible, you must pay that at the time of service. Contact your insurance company regarding your benefits.

Non-contracted insurance: Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. We will bill your insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. When services are rendered, you agree to pay any portion of the charges not covered by insurance.

Insurance & Hospital Affiliation Notice: Effective January 1, 2026, we will no longer be affiliated with an in-network hospital for all insurance plans. Our providers maintain hospital privileges exclusively at Baylor Scott & White Medical Center. Patients insured under insurance plans that are out-of-network with Baylor may continue office-based care with us in-network; however, any hospital-based services, including delivery and surgery, will be considered out-of-network and may result in significant out-of-pocket costs. Patients are responsible for contacting their insurance company regarding in-network hospital options.

Filing Claims: Please ensure we have your current insurance information and notify us of any updates or changes. If we do not have current information, this will delay payment and possibly cause you to have unexpected expenses. We affiliate with Unified Women's Healthcare as our business managing company, and this may be the name you will see on your insurance explanation of benefits (EOB) and your bank records for any payments made to our office.

Past due account: If your account becomes past due, we will take the necessary steps to collect this debt. We have the option to report your account status to any credit reporting agency, such as a credit bureau.

Waiver of Confidentiality: If your account is submitted to an attorney or collection agency, if we must litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Well-Woman vs. Problem Exam: A well-woman visit is when a healthy patient is seen by a provider annually to be screened for various illnesses or diseases; this is considered preventive medicine. If a patient comes in to discuss any suspected complaints of illness or disease, this is considered a problem-focused exam. We provide both preventive medicine as well as problem-focused services. Depending on your insurance plan, you may be required to pay two (2) co-pays when seen for both exams during the same visit. Our verification staff is dedicated to ensuring that your visit is covered by your insurance or advising you otherwise prior to your appointment. In some instances, we might not be able to obtain this information. It is always best practice for you to check with your insurance carrier to verify your specific benefits such that there are no unexpected financial surprises at the time of your visit. Payment for services is ultimately **<u>your</u>** responsibility.

Pelvic Examination & Chaperone Policy: In accordance with clinical standards and professional guidelines, a medical chaperone may be present during pelvic examinations. The presence of a chaperone is intended to support patient comfort, safety, and quality of care. When a pelvic examination is performed, billing charges will include the required supplies and expenses associated. Insurance coverage for this service varies by plan and may not be covered at 100% under preventive benefits. Any portion not covered by insurance is the patient's responsibility. Patients may decline a pelvic examination or request discussion with their provider regarding the examination and chaperone policy at the time of the visit.

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Referrals & Authorizations: If your insurance requires a referral and/or preauthorization, you are responsible for obtaining it. Occasionally our providers will need to refer you to a specialist. The specialist they recommend may or may not be an in-network provider with your insurance carrier. You will need to contact your insurance carrier to find out if that physician is in-network. If they are not, you can: 1) choose to see a physician in-network according to your carrier or 2) see the physician we recommend out-of-network. The latter may require you to pay more money out of your pocket. If you have an HMO or POS policy, you may need a referral to see another physician. Depending on your insurance carrier, you may need to call your Primary Care Physician (PCP) and ask to provide the referral.

Laboratory Test: Unless instructed otherwise, specimens may be sent to Labcorp, UWH Laboratory, or Path Advantage. If your insurance requires a different lab, please notify staff at the start of your visit. Outside laboratories bill patients separately, and patients are responsible for verifying in-network lab coverage.

Prescription Refills: Prescription refill requests will be handled within two (2) business days of receipt during regular office hours. No routine prescriptions or narcotic pain medications will be handled regular office hours or on the weekend and may require you to schedule a visit.

Result Notification: We will make every effort to notify you of results whether they are normal or abnormal. There are two (2) ways to receive normal results. First, Patient Online Access which is a secure website integrated with our Electronic Medical Records system. Second, Healthy Notes that are completed in the office, sealed, and mailed to patients' home addresses. Please allow two (2) weeks for result notification. **If you have not received your results after two (2) weeks, please call the office.**

Sensitive Testing: At times your provider may find it medically necessary to test you for sexually transmitted infectious diseases (STI's) such as Gonorrhea/Chlamydia. Per The American College of Obstetricians and Gynecologists (ACOG) and CDC guidelines, screening for Gonorrhea/Chlamydia is recommended for all women 25 years or younger. Please notify your provider if you wish to opt out of this testing.

HPV Testing: Please be advised we may perform HPV **(**human papillomavirus) testing on your pap smear. ACOG recommends HPV co-testing for women aged 30-65 every 5 years, unless you have had a hysterectomy (removal of the cervix). Clinical protocols within our practice are to test every 3 years. Be aware that testing at this frequency may not be covered by your insurance. You can discuss this with your provider if you have any further questions or wish to opt out of the testing.

Depression and Anxiety Screening: In accordance with ACOG recommendations, we may administer validated depression and anxiety screening tools, including the PHQ-9 and GAD-7, at certain gynecological and obstetrical visits. Insurance coverage for these screenings varies by plan. Any charges not covered by insurance are the patient's responsibility. You can discuss this with your provider if you have any further questions or wish to opt out of the testing.

Medication History Authorization: To prevent unfair and deceptive acts or practices and the dissemination of false information we utilize Pharmacy Benefit Managers (PBMs) to automatically receive patient medication history. This helps us get a complete view of your medical history and assists us with medication management.

Telephone Calls: When calling the office, if you have an emergency, explain to the operator the type of emergency you have, and a nurse will either pick up your call or call you back within the next few minutes. In the event of a life-threatening emergency, call 911. Calls deemed "non-emergent" will be handled by the clinical staff in the order received. If it is necessary to leave a message for the doctor, the call will be returned within 24–48 hours.

After-hours and Weekend Call Service

Adriatica Women's Health provides 24-hour call coverage for urgent matters. Always call 911 in case of a life-threatening emergency. Due to the costs involved with managing after-hours calls, it has become necessary to institute a nominal charge of $25.00 for these after-hours phone calls per patient assessment, per call. This will not be billed to insurance but will be posted to your account at the office. This charge will not apply to obstetrical patients or post-op patients.

Clinical Trials: Adriatica Women's Health strives to remain on the forefront of medical care. We have partnered with Cedar Health Research to bring multi-specialty studies to you. Your information may be shared with Cedar Health Research to determine your eligibility for a trial. Please know that your healthcare information is kept confidential unless you decide to partner with Cedar Health on a particular clinic trial.

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FMLA & Disability Forms: We have partnered with HealthMark Group to ensure the accurate and timely completion of your FMLA or Disability forms. Requests should be submitted electronically to HealthMark. Each form requested for completion will require a $35.00 fee to be paid directly to HealthMark. Estimated turnaround time will be 48-72 hours.

Transferring of Records: We have partnered with HealthMark Group to provide all medical records requested from our office. HealthMark Group will invoice you for fees as allowed by the State of Texas and will send you all the necessary directions to receive your records. Each patient is given one free copy of their medical records. If additional copies are requested a fee will be assessed. The amount of the fee is dependent on the number of pages requested. That charge is $25.00 for the first 20 pages and $0.50 for every subsequent page and/or in accordance with state statutes.

Appointments: It is our goal to provide services to you in the most comfortable and timely manner possible. In order to achieve this, we must require you to be on time for your appointments. If you must cancel an appointment, we ask that you give us 24 hours' notice whenever possible. Unfortunately, emergencies and deliveries do occur, which occasionally causes delays in our schedule. We will try to keep you informed if these arise. Patients who are 10 or more minutes late will need to be rescheduled. Missed appointments without notification will be charged a fee of $25 and $50 for missed procedures which will need to be paid prior to the next appointment. If you miss three appointments without notifying us before the appointment time you may be dismissed from the practice. To ensure accurate records and identity of all patients you will need to present your Driver's License or Identification Card, Insurance Card and Social Security Number at the time of your appointment. If you are unable to provide this information your appointment may be cancelled or rescheduled.

Children: Children are very special to all of us, and we are always happy to see the "little ones", but for their safety and the courtesy of other patients we must ask that you keep your children with you at **ALL** times while in our office.

I understand that it is my responsibility to discuss and notify my provider at every visit if I do not want any tests performed. Procedures that may be performed include but are not limited to:

- Medical history and physical examination, including pelvic and breast examination.
- Blood draws to screen for bacterial vaginitis, syphilis, anemia, rubella, diabetes, hepatitis, AIDS, HIV, and other blood work determined to be necessary.
- Urinalysis, urine pregnancy tests, urine culture, and drug screens
- Gonorrhea/Chlamydia culture
- Pap smear
- Other clinically appropriate lab work deemed medically necessary.
- Neonatal screening
- Ultrasound
- Necessary immunizations

I UNDERSTAND THAT MEDICAL PROVIDERS AT AWH WHO WILL BE EXAMINING ME INCLUDE PHYSICIANS, CERTIFIED NURSE MIDWIVES AND NURSE PRACTITIONERS.

- Advanced Nurse Practitioners are professional nurses educated to provide the full range of primary care services in the community and hospital settings. They are certified by the American Nurses Association or by nurse specialty organizations. They hold licenses from the state as Registered Professional Nurse Practitioners
- Certified Nurse Midwives are individuals educated in two disciplines of nursing and midwifery, which possess certification according to the requirements of the American College of Nurse-Midwives. In addition, in the state of Texas, they hold licenses as Registered Nurses and Advanced nurse practitioners. I understand that I may request to be seen by a Physician.

I have read this document and understand my fiscal responsibilities.

Patient's Name (Print) _____

Signature: _____ Date: _____

Guarantor's Name (Print) (Minor patients only):_____

Signature: _____ Date: _____