

# MID-ATLANTIC PELVIC SURGERY ASSOCIATES (MAPSA)

## FINANCIAL POLICY

We are doing everything possible to decrease the cost of medical care. You can help a great deal by reducing the number of invoices sent to you. The following is a summary of our payment policy.

### **ALL PAYMENTS ARE EXPECTED AT THE TIME OF SERVICE**

Payment is required at the time services are rendered. This includes applicable coinsurance and copayments for participating insurance companies. We accept cash, personal checks, VISA, and MasterCard. There is a \$25.00 service charge for returned checks.

Patients with an outstanding balance 60 days or more overdue must make arrangements for payment prior to scheduling appointments. All efforts will be made to inform you of your out of pocket costs prior to services being rendered.

### **INSURANCE:**

We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and copayments at the time of service.

If you need assistance, please contact a Billing Representative between 8:00 a.m. and 4:00 p.m., Monday through Friday at 703-698-7100 ext. 407.

### **MANAGED CARE:**

If you are enrolled in a managed care insurance plan (**i.e., HMO, PPO, POS**), you must obtain a referral from the Physician who referred you to our practice prior to seeing one of our physicians.

I have read and understand the Mid Atlantic Pelvic Surgery Associates Financial Policy. I agree to assign insurance benefits to MAPSA whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections.

Patient Name(print): \_\_\_\_\_

Signature of insured or authorized representative: \_\_\_\_\_

Date: \_\_\_\_\_