

PATIENT FINANCIAL POLICY

Participating Insurance

- OB-GYN Associates, Inc, Benjamin Vogel, MD LLC, and Renee R. Eger, MD LLC participates with most insurance plans in the area.
- We will file a claim on your behalf and accept contracted payments for your covered services.
- You are responsible to pay for plan deductibles, co-insurance and co-payments associated with the services rendered (out-of-pocket expenses).
- You are responsible to pay for services that your medical insurance plan does not cover or that they determine are not medically necessary.
- Co-payments will be collected at the time of service. If not, a \$10 fee will be charged.

Non-Participating Insurance

- If OB-GYN Associates, Inc., Benjamin Vogel, MD LLC, and Renee R. Eger, MD LLC does not participate with your insurance plan, you are responsible for payment of all charges associated with the services you received.

No Insurance

- Payment is expected at time of service.
- Payment plans are available but must be established before the services are rendered.

Outstanding Balances

- Patients with an outstanding balance with OB-GYN Associates, Inc., Benjamin Vogel, MD LLC, and Renee R. Eger, MD LLC will be expected to pay that balance, or commit to a payment plan before additional services are rendered.
- Outstanding balances may include deductibles, co-insurance, co-payments and/or non-covered services from [prior visits, etc.
- Outstanding balances may also include amounts due for services provided by our physicians at OB-GYN Associates, Inc., Benjamin Vogel, MD LLC and/or Renee R. Eger, MD LLC or Women and Infants Hospital.

Billing Department representatives are available on weekdays 9:00am to 4:30pm.; please call (401) 331-6980 ext. 3019. We accept cash, personal checks, MasterCard, Visa, American Express, and Discover.

We reserve the right to charge \$50.00 for appointments cancelled or broken without a 24 hour advance notice.

Please Read and Sign Below

I hereby authorize release of information necessary to file claims with my insurance company and assign benefits to OB-GYN Associates, Inc., Benjamin Vogel, MD LLC, or Renee R. Eger, MD LLC. I understand that I am financially responsible for balances not covered by my insurance carrier. A copy of this signature is valid as original.

Signature of patient or responsible party

Date

Account Number