



Mid Atlantic
Gynecologic Oncology and Pelvic
Surgery Associates

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Fairfax Office:
8081 Innovation Park Dr., Ste 775
Fairfax, VA 22031-4867
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www.magopsa.com

FINANCIAL POLICY

Our practice is doing everything possible to decrease the cost of your medical care. You can help a great deal by reducing the number of invoices sent to you. The following is a summary of our financial and payment policy that will be go into effect as of June 23, 2015.

ALL PAYMENTS ARE EXPECTED AT THE TIME OF SERVICE – Payment of patient due balance is required at the time services are rendered. This includes applicable deductibles, coinsurance and copayments for participating insurance companies, as required by your insurance plan. We will attempt to verify eligibility and benefits prior to your appointment to provide an estimate of your due and require a deposit &/or payment arrangements for planned surgery or treatment, or if there are specific limitations to your plan, such as pre-existing exclusions and/or high deductible.

Patients with an outstanding balance 60 days or more overdue must make arrangement for payment prior to scheduling their next appointment. We accept cash, personal checks, VISA and MasterCard. There is a \$25.00 service charge for all refund checks.

We participate with most major insurance plans including: Medicare, CareFirst, Anthem, United Healthcare, Aetna and Cigna. If your insurance plan is not listed, it is your responsibility to contact them to determine if they will cover services provided by our physicians.

We will bill all participating insurance companies for you. If you have obtained your insurance through a Health Insurance Exchange, as a requirement of the Affordable Care Act, there may be limitations to the network of physicians that participate with your specific plan. Please contact your insurance representative to see if they will provide coverage for services with one of our physicians.

If you need assistance, please contact one of our Billing Representatives between 8:00am and 4:00pm, Monday through Friday at 571-308-1830 ext. 407

MANAGE CARE

If you are enrolled in a managed care insurance plan (**e.g. HMO, PPO, POS**) that requires a referral for specialty care, you must obtain a referral from your PCP prior to seeing one of our physicians.

CANCELLATION POLICY

We have a 24 hour cancellation policy. It is each patient's responsibility to notify this office at least 24 hours in advance, should you need to cancel or reschedule your appointments. This will ensure that the time can be made available to other patients. Any appointments missed or cancelled less than **24 hours** in advance will be subject to a \$50.00 fee for an office visit and **\$100.00** for a scheduled in-office procedure.



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A cancellation fee for scheduled surgery of \$100.00 will also be charged for cancellations of less than a week prior to the scheduled date unless medically necessary.

FMLA AND DISABILITY FORMS

There will be a charge for the completion of FMLA and Disability forms. Disability form fee **\$25.00** with a maximum of **\$50.00** per year. FMLA form fee is **\$40.00**. Forms will not be processed until fees are paid. All forms will be complete within one week.

I have **read, and understand** Mid Atlantic Gynecologic Oncology and Pelvic Surgery Associates (MAGOPSA) **Financial Policy**. I agree to assign insurance benefits to MAGOPSA 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 will also be responsible for the fee charged by the collection agency for all costs of collections, which can be as high as 35% of the outstanding balance.

Patient Name (Print)
Representative/Guarantor

Patient signature or Authorized

Date: _____