



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 portion 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 &/or high deductibles.

Patients with an outstanding balance 60 days or more overdue must make arrangements 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 returned 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 8:00 a.m. and 4:00 p.m., Monday through Friday at 571-308-1830 ext. 407.

MANAGED CARE:

If you are enrolled in a managed care insurance plan (**i.e. 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

Phone: 571-308-1830

www.magopsa.com

Fax: 571-308-1843

ANNANDALE OFFICE
3289 Woodburn Rd
Suite 320
Annandale, VA 22003

FREDERICKSBURG OFFICE
4501 Empire Court
Fredericksburg, VA 22408

SHADY GROVE OFFICE
9905 Medical Center Dr
Suite 303
Rockville, MD 20850

RESTON OFFICE
1800 Town Center Dr
Suite 311
Reston, VA 20190

Winchester Office
190 Campus Boulevard,
Suite 410
Winchester, Virginia 22601



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.

FINANCIAL POLICY continued

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 is \$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 the Mid Atlantic Gynecologic Oncology and Pelvic Surgery Associates Financial Policy (MAGOPSA). 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) _____

Patient Signature _____

or

Authorized Representative/Guarantor _____

Date: _____