



## PATIENT NOTICE OF BILLING PRACTICES

Anchorage Women's Clinic (AWC) is committed to providing quality medical services to our patients and clearly defining our financial policy. If you have any questions, please ask one of our staff members to assist you.

### PAYMENT AT TIME OF SERVICE

Medical Services provided by AWC are payable at the time of service. We accept the following:

- Cash, Visa, MasterCard, Discover, Personal Checks, Money Orders, and Debit Cards.  
*Checks returned for insufficient funds (NSF) will be assessed a \$30 fee.*

\_\_\_\_\_ (initial) I understand that I am responsible for payment of co-pays, deductible, and co-insurance at time of service.

I understand past due amounts must be paid in full prior to the scheduling of any future appointments, unless prior arrangements have been made and approved by management.

Self-Pay Patients (No Insurance) - Payment is due, in full, at time of service.

### ADDITIONAL CHARGES *(Charges that may be billed after you leave the office)*

\_\_\_\_\_ (initial) I understand that there may be charges for services rendered which do not appear on my account at check-out. This is because some services may require additional laboratory tests or follow-up, and some OB-related charges may not be present in my chart until reviewed by another provider.

\_\_\_\_\_ (initial) If I am a nutrition, massage, and/or counseling patient, I understand that if I no-show for future appointments and/or have not cancelled more than 24 hours in advance, I will be charged a **\$90 no-show fee**.

### INSURANCE BILLING

\_\_\_\_\_ (initial) I authorize AWC to release any medical information required by my insurance company for the processing of any medical claims filed on my behalf.

AWC bills most major insurances, with the exception of TRICARE (except as secondary), VA, and auto insurance policies.

### LAB SERVICES

\_\_\_\_\_ (initial) I understand that LabCorp is AWC's primary lab for routine tests.

I understand Providence is AWC's primary lab for pathology and immediate/urgent tests.

If your insurance company requires use of a different lab, please notify our staff so that an annotation can be made in your chart.

**MEDICAID**

AWC currently accepts Medicaid (Denali Kid Care and Denali Care). Proof of eligibility is due at time of service. Please understand we are required by law to collect your co-pay at time of service. ***AWC does not back-bill for any services or labs rendered prior to patient receiving Medicaid approval.***

**MEDICARE**

We accept new Medicare patients for problem-specific visits by referral only. Existing patients who convert to Medicare may still be seen for routine care. Medicare co-pays are due in full at time of service. Any services not covered by Medicare are the patient’s responsibility.

**PATIENT CREDITS**

Patient credits will be refunded once all visits have been responded to by insurance. No refunds will be issued while there are future appointments scheduled.

Obstetrical patients will have any credits applied to future visits and/or to their delivery. Once the delivery has been responded to by insurance, any remaining credit will be refunded.

There is a \$25 stop payment/re-issuing fee for any lost refund checks.

**COLLECTIONS**

Payment for services rendered by Anchorage Women’s Clinic is the responsibility of the patient, regardless of insurance status. If you are having difficulty paying your bill, please call our billing department.

Patients who refuse to remit payment or make financial arrangements will have their account reviewed for collection action and will be considered for dismissal from AWC. If account is transferred to an outside collection agency, you will be assessed an administrative fee in addition to the outstanding AWC bill.

***I have read the above payment options and understand my financial responsibility to Anchorage Women’s Clinic. If I have additional questions, I understand that I may speak with a billing representative prior to my appointment.***

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date Signed