

## Sonja Kristiansen, M.D.

### **PHYSICIAN COVERAGE**

Dr. Kristiansen does not provide general gynecology or obstetrical care. Should you become pregnant and have a pregnancy related emergency, you will need to see the Obstetrician who referred you here or see the Obstetrician on call for whichever emergency room you visit.

### **PAYMENT POLICY**

#### INSURANCE

Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract. We must emphasize that as a healthcare provider, our relationship is with you, not with your insurance company. Before your visit, please contact your insurance company to verify we are participants in your plan and the services you intend to receive are covered. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. In order for us to file your claim, you must have a current insurance card on file and must communicate any changes in your information. It is the patient's responsibility to obtain all proper authorizations and/or referrals prior to your appointments. If you do not have the appropriate authorizations or referrals, you will have to pay in full at the time of your appointment. Most insurance policies specify that some of the cost of the patient's care is the patient's responsibility. This can be accomplished through any combination of co-payments, co-insurance, or deductible. Payment is due when you check in for your appointment. We can not waive or bill for these costs.

Not all services are covered benefits in all policies, so it is very important that you understand the provisions of your policy. We can not guarantee payment of all claims by your insurance company. If your insurance company pays only a portion or rejects your claim, they will notify you through an explanation of benefits (EOB). Reduction or rejection of your claim does not relieve you of your financial responsibility.

Please note that it is the policy of this office that in the event you need a refund for any reason your account must be submitted in writing. Your account must be cleared of all pending balances before the refund will be issued. Once the account has been cleared, we will process the refund if a refund is due. A fee of 3% of the original charge will be deducted for all credit card transactions.

#### FEE FOR SERVICE

Patients without insurance are considered fee for service (self pay). When possible, all anticipated charges will be disclosed to you prior to your appointment. There may potentially be additional fees for unexpected services received. The full cost of the visit is due at the time services are rendered.

#### CREDIT CARD PAYMENTS

In the event that charges for services are disputed with your credit card company, medical records may be released to provide proof of services. This will only apply to the date and service(s) in dispute.

### **MISCELLANEOUS CHARGES**

#### MEDICAL RECORDS

Please note that it is the policy of this office that in the event medical records are requested by either the patient or another physician's office that there is a minimum \$25.00 fee for the first twenty pages and \$.50 per page for every copy thereafter. After our office has received the medical record fee, the records will be processed within 15 business days and will only be released per the written request.

#### DISABILITY FORMS

The cost for completion of disability forms is \$20.00 due at the time the forms are submitted. Please allow a 72 hour turnaround for these forms to be prepared.

#### ITEMIZED STATEMENTS

You will receive a receipt at the time of your payment. If an itemized statement is requested a fee of \$25.00 per request will be charged. Processing will take up to 15 business days after we receive the written request with the payment.

#### RETURNED CHECKS

All returned checks will incur a \$50 fee and must be resolved within 10 days via cash, money order or cashier's check. Personal checks will no longer be accepted. If not resolved within 10 days, the check will be turned into the District Attorney's office at which time you will be responsible for all associated court fees.

\*\*\*\* There is a \$35 fee for no show and same day cancellation appointments\*\*\*\*

### **BENEFIT ASSIGNMENT**

I authorize payment of medical benefits to Sonja Kristiansen, M.D. for all medical services rendered.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date