



BCOG PATIENT FINANCIAL POLICY

At Bedford Commons OB-GYN, PA (BCOG), we are dedicated to providing the best possible care for our patients. We believe that an important part of providing quality healthcare is establishing clear patient financial policies. Please review these policies carefully. If you have any questions, our Billing Office staff can be reached at 603-641-0002.

PAYMENT – Payment in full is expected at the time of your visit. We will accept cash, check, or credit cards. Payments include any co-payments, unmet deductibles, co-insurance or services not covered by your insurance. If you do not have insurance coverage, payment in full is expected at the time of your visit.

INSURANCE – BCOG participates with numerous health plans. We file claims to all health plans on your behalf but since your insurance is a contract between you and your health plan, you are ultimately responsible for payment. As a courtesy, BCOG verifies coverage for certain benefits with participating health plans. Verification of benefits by BCOG is not a guarantee of coverage or payment. It is advisable for you to personally verify coverage for your services with your health plan. If your health plan determines that a service is “not covered”, you will be responsible for the complete charge.

CANCELLATIONS OR MISSED APPOINTMENTS – In order to serve all of our patients -BCOG requires at least 24 hours advance notice for cancelled appointments. If you do not cancel your appointment at least 24 hours prior to your appointment, or if you miss your appointment, you may be subject to a \$50 missed appointment fee.

RETURNED CHECKS – A \$25.00 service charge will be applied to returned checks. You will be asked to bring cash, certified funds or a money order to cover the amount of the check, plus the \$25.00 service charge prior to receiving any further services our Practice. **FINANCE CHARGE** – BCOG applies a finance charge of 12% annually to all patient balances outstanding after 30 days.

COLLECTION FEES - In the event your account is placed in a collection status, any additional fees incurred due to this process will be added to your outstanding balance. This includes but is not limited to collections agency fees, attorney fees, court costs, interest and fines. I have read and understand BCOG’s Patient Financial Policy, as above, and agree to be bound by these terms. I also understand and agree that these terms may be amended by the Practice from time to time.

Signature of Patient (or Guarantor, if Applicable)

Date

Print the Full Name of the Patient

Patient’s Date of Birth