



WOMEN'S TELEHEALTH **POLICIES FOR YOU TO READ AND KEEP**

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

I hereby give consent for **Women's Telehealth** to use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). I have the right to review and request a copy of the Notice of Privacy Practices at any time.

With this consent, Women's Telehealth may leave voice mail messages, e-mail or mail correspondence to my home or other alternative location or number that I have provided for appointment reminders, patient statements, Insurance, or clinical care items. Contact regarding issues of a sensitive nature will be made by personal phone call or letter from a member of Women's Telehealth.

I understand that I have the right to request, in writing, that Women's Telehealth restrict how it uses or discloses my PHI to carry out TPO; however the practice is not required to agree to my requested restrictions. If Women's Telehealth does agree, they are bound by this agreement. I may revoke my consent in writing, except to the extent that the Practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Women's Telehealth may decline to provide treatment to me.

PERMISSION TO RELEASE/HIPAA

We are unable to discuss your medical information with a spouse, parent, child, etc. ... without your written permission. Please see the patient registration form to update/give **Women's Telehealth** permission to release information regarding Medical Records, Labs, and Financial Information.

FINANCIAL POLICY

We make every effort to keep down the costs of medical care. Our fees are comparable to those of other specialists in our area with equivalent training, experience, and credentials.

- **Insurance Filing:** We participate in a number of insurance plans and will work with you and your insurance carrier; however, you must make sure that your plan obligations are met. These obligations include: providing us with a current insurance card, paying the patient portion due at the time of your visit, using network providers for referrals (if necessary), and participating in the precertification processes. Your insurance plan requires us to work together. No Insurance covers 100%. There are always plan limitations, non-covered services, and exclusions. Even with 2 or more insurances, there may be services for which you are responsible. If you have any questions regarding your coverage, they should be directed to your insurance carrier(s). Please follow-up with your insurance carrier to ensure your claim is paid in a timely manner.
- **Patient Responsibility:** Regardless of insurance, payment remains your personal responsibility. Your designated patient portion due may include: deductible, co-payment, co-insurance, and non-covered service charges. ***Our policy is to collect all patient portions due at the time of service.*** It is our practice policy that if the patient's outstanding balance exceeds \$150, they will be asked to see a Reimbursement Specialist prior to services being rendered. We do not wish to cause an embarrassment for any patient. Please let us know immediately if you have a financial issue or question about our services. **We accept all major credit/debit cards for your convenience.** Any account sent to an Outside Collection Agency will incur a processing fee of 30% of the balance due.
- **Other Considerations:** We understand that there are situations where patients have special circumstances. Please call one of our reimbursement specialists if you have other financial considerations at 404.478.3017.