



The Physicians and staff at OMNI Medical Center for Women would like to welcome you to our practice. Our goal is to provide excellent medical care and make your visit as convenient as possible. Please review the following office policies and sign to confirm you have read and understand. This will help assist with the patient-provider-staff relationship.

General Office Policies

- Photo ID and insurance card(s) are required at time of service.
- It is the patient's responsibility to inform the office of any changes in insurance, address and communication numbers.
- A deposit is required for cash paying patients of \$75.00 before being seen by the provider. (unless new OB patient, then the total amount is due at time of service)
- If the patient does not have their copayment, coinsurance and/or balance due; **your appointment will be rescheduled.**
- Due to time allowed for each appointment patients may be asked to schedule another appointment for issues needing to be addressed other than the reason of the original appointment.
- Twenty-four hour notice must be given to reschedule or cancel appointment to avoid a cancel/no show charge. If the proper notice is not give there may be a fee of \$25.00 applied to your account.
- Prescription refills require a seven (7)-business day notice.
- No new or refill prescriptions including narcotics will be given outside of our regular office hours.
- **FMLA and Disability** forms needing completion by the office are subject to a fee of \$20 for a multi- page form and \$10 for a single page form. Please allow 5 – 7 business days to complete.

Patient's Initials

Accepting your HEALTH INSURANCE/FINANCE

- All self-pay, insurance co-payments, co-insurance, deductibles and out of pocket expenses will be collected at the time of service. Payable by cash, check (with driver's license) or credit card. No postdated checks.
- Claims will be submitted, however **we must emphasize that as medical providers, the relationship is with you the patient; and NOT with your insurance company.**
- Although we make every attempt to verify your coverage and benefits; the information passed to the patient is the information given to us by your insurance. It is ultimately the patient's responsibility to understand their insurance benefits and coverage. The patient is responsible for any non-covered services not payable by the insurance policy.
- It is the patient's responsibility to inform us of any changes in your insurance and contact information.
- Although filing insurance claim(s) is a courtesy extended to the patient, all charges are the patient's responsibility from the date services are rendered.
- In the event that a patient does not meet their financial obligation, the patient will be discharged from the practice.
- A returned check will result in a minimum service charge of \$35.00 and checks will not be accepted for future payment(s). Unpaid returned checks will be turned over to collections.
- If a patient's account is turned over to a collection agency, the patient may be responsible for any costs incurred in the collection of the balance, which will include collection agency fees, court costs, and attorney fees.

Patient's Initials



Medical Records

- Medical records copy fee is as follows: \$1.00 per page for copies up to 25 pages and \$0.25 per page for copies 26 pages and greater.
- A request for review of your medical record(s) requires an appointment with a minimum seven-business days' notice.
- Patients transferring care to another OB-GYN are responsible for the transfer of records to their new physician. This requires that an authorization form to disclose medical records be completed.
- Any medical records that may contribute to the treatment of your health should be sent to our office prior to your appointment. This includes labs results, ultrasound reports and/or any operative reports.

Patient's Initials

Referrals

- It is the responsibility of the patient to verify if a referral is required to see a specialist.
- If your insurance requires a referral it is your responsibility to obtain that referral from your primary care physician, in order to be seen in our office.

Patient's Initials

I, _____ have read and understand the procedures of OMNI Medical Center for Women and agree to meet all my obligations

Print Name of responsible person

Signature of responsible person

Date

**706 W Platt St.
Tampa, FL 33606**

**6101 Webb Rd Ste. 102
Tampa, FL 33615**

Ph.: 813-251-2000

www.omc4women.com

Fax: 813-283-6700

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