

KATHRYN E. WHITE, M.D.

Gynecology & Infertility

FINANCIAL POLICY

In order to reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. If you have any questions regarding these policies, please discuss them with our office manager. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

- We collect payment at the time of service (copay and/or deductible). We collect based upon the information from your insurance company. Sometimes the information given is incorrect. Patient final responsibility will be determined when your insurance has been processed for your claim. There is a \$25.00 charge added to the patient's account if payment is not made at the time of service.
- If you have coverage with an insurance plan for which we are not contracted, the charges for your care and treatment are due at the time of the service.
- In the event that your health plan determines a service to be "not covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office. If payment is not received within 30 days, a \$25.00 late fee may be added to your account.
- We will bill your health plan for all services provided in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office. All surgical deductibles or co-insurance must be paid prior to the surgical procedure. There may be a \$100.00 charge for cancellation of any surgical procedures.
- Possible patient discounts may be given for charity care and the uninsured. Outstanding balances must be paid in a timely fashion in order to receive prescription refills or schedule additional non-emergency appointments.
- Any aesthetic patient must give 24 hour notice of cancellation of their appointment or there will be up to a \$50.00 charge billed to the patient. All appointments must give 24 hours notice of cancellation of their appointment or there will be a \$25.00 charge billed to the patient.
- There will be a \$25.00 charge for all returned checks.
- There will be a \$25.00 charge for forms filled out by the doctor

Minor Patients

- For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent or guardian with custody for payment. We must also have permission from the legal guardian in order to examine the patient.

Messaging

I acknowledge and agree that Dr. Kathryn White and any affiliates or vendor thereof, including billing companies, may contact me by telephone or text message to any telephonic number I have provided to you, and any other telephone number associated with my account. I further agree that you may use any method of contact to these numbers, such as Automated Telephone Dialing System (ATDS) or prerecorded message. I agree to notify the office of any changes to my contact information.

**I have read and understand the financial policy of the practice and I agree to be bound by its terms.
I also understand and agree that such terms may be amended from time-to-time by the practice.**

Printed Name of the Patient

Signature of Patient or Responsible Party if a Minor

Date

**Kathryn E. White, M.D. • Gynecology & Infertility • 2840 Legacy Dr., Suite 200 • Frisco, Texas 75034
Phone (972) 294-6992 • Fax (972) 294-6988**