



Financial Policy

Name: _____

Welcome to **High Risk Pregnancy Center of Kansas City, P.A.** We strive to provide the very best, comprehensive care to all of our patients. In order to do so, we feel it is appropriate to acquaint you with our office's financial policy. We appreciate you taking a moment to read over the following information and providing **your initials** next to each item as an agreement.

_____ I understand for HRPC of KC to file insurance claims on my behalf, I must present **proper proof of insurance at the time of my appointment**. Every plan is different; thus, it is my responsibility to know the exact requirements of my insurance plan coverage. Insurance will NOT be filed without a copy of the insurance card.

_____ My insurance coverage is a contract between my insurance company and myself. I understand and agree that I am financially responsible to HRPC of KC for all charges incurred regardless of potential insurance benefits. Therefore, HRPC of KC will not become involved in disputes between myself and my insurance company.

_____ All co-payments, non-covered, and self-pay services must be paid at the time of service.

_____ **A \$10 service fee will be assessed to my account if my co-pay is not paid on the day of service.**

_____ I understand I will incur a \$50 service charge for failure to provide HRPC of KC a minimum of 24 hour notice prior to cancelling or rescheduling an appointment.

_____ **I agree to pay ALL outstanding balances during each visit at HRPC of KC.** If I am unable to pay the balance in full, I agree to place a credit card on file allowing HRPC of KC to automatically withdraw an agreed upon monthly payment. Failure to follow these guidelines will result in dismissal from the practice, immediate remittance to an outside collection agency, and cancellation of all existing appointments.

_____ I understand I am financially responsible for all charges/services provided by HRPC of KC. If I am delinquent or default on the terms of this agreement, then my account will be turned to a collection agency. It will be at HRPC of KC's discretion to accept me back into the practice. The balance will be paid in full before any future appointments with HRPC of KC will be arranged and subsequent outstanding balances will be paid in full prior to being seen.

Please refer to our website (hrpckc.com) for additional explanations of our financial policies. Payments can also be made securely on-line through our website.

