Thank you for choosing Desert Sky Women's Healthcare as your health care provider. We are committed to providing you with quality healthcare care. Below, please find our Financial Policy, which we require you to read and sign prior to treatment.

If you have medical insurance…

- You are responsible for providing the receptionist a copy of your medical identification card at *every* visit. You are also responsible for updating the staff of any changes in your insurance coverage. If you do not have your insurance identification card present, we will assume you do not have insurance and payment will be required.

- You are responsible for knowing your insurance benefits. If there is a question if treatment is covered, please contact your insurance plan. Do not assume that because you have insurance coverage, that your insurance company will provide payment for those services. It is also your responsibility to know your deductible and coinsurance amounts.

- Per your contract with your insurance company, you are responsible for any copays or coinsurance at the time of your visit. Please come to your appointment prepared to issue payment.

If you do not have medical insurance…

- Payment is due at time of service. Please come to your appointment prepared to issue payment.

- If you pay for your entire service(s) the day of your visit, we will give you a 30% courtesy discount.

- If you cannot pay your entire balance on the same day, we will initiate a payment contract. You will be required to make a partial payment on the same day and a contract will be signed for agreeable monthly payments.

Obstetrics…

- As per coding guidelines, your routine obstetrical care will not be submitted to your insurance company until you deliver.

- We will call your insurance and determine what your *estimated* cost share will be for your obstetrical services. This will not include any diagnostic testing (including ultrasounds). You are responsible for knowing what your benefit is as determined by your insurance company for your ultrasound(s).

- You will be placed on a contract to have your estimated portion paid for before you deliver.

In general…

- Returned checks shall result in a $35.00 fee being charged to your account. You will then have ten (10) business days to provide the face value of the check and the fee amounts to us in cash, money order or credit/debit card.
- We do not bill for laboratory services not ran in our office (i.e. pap smears, biopsies, etc). You will receive a separate bill for those services.
- We accept the following as payment:

  Cash Check Money Order Visa Mastercard

- If you have any questions, please feel free to contact our office at (509) 491-3889.

I have read and accept the above policy.

_____ _____

Signature Date