

# Women's Pelvic Surgery Center of Orlando

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## FINANCIAL POLICY

You may choose to pay by cash, check, or credit card on the day that treatment is rendered. On treatment involving surgical procedures you must pay 50% on the preparation date and the remaining balance within 60 days. You must pay any deductible, co-payment, or out-of-pocket portions at the time services are rendered. On treatment involving surgical procedures you must to pay any out-of-pocket expenses on the preparation date. Any co-payments required by an insurance company must be paid at the time of service by cash, check, or credit card. Because this is an insurance requirement, we cannot bill you for these. Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due by the end of the month.

**Cosmetic surgery clients of The Orlando Institute of LVR/DLV are required to pre-pay the full amount for the consultation prior to services being rendered. A portion of the consultation fee will be deducted from surgical fee if elected. Cosmetic surgery clients are also required to pre-pay the full amount of the procedure prior to the surgery date as agreed. Unless Financing arrangements are made, all payments are to be made via cash, money order or cashiers' check only.**

**Authorization/Participation:** If your insurance requires a referral and/or preauthorization, you are responsible for obtaining the referral. Failure to obtain the referral and/or preauthorization may result in a lower or non-payment from the insurance company, and subsequently you will be responsible for any non-payment. If you are covered by a plan for which we are not participating providers for, you are expected to pay for all charges at the time services are rendered, unless other arrangements have been made. Your insurance company will be responsible for reimbursing you for any coverage you may have. Remember, insurance coverage is a contract between you and the insurance company, and the company determines your eligibility and amount of coverage payable based on your plan. **You are responsible for understanding the stipulations of your contract with your insurance.**

**Billing and Collections:** If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, and any payments or credits applied to your account during the month. After three monthly statements have been issued without response, internal collection action will begin. If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer you to a collection agency, you agree to pay the collections costs which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyers fees which we incur plus all court costs. In case of suit, you agree the venue shall be in Orange County. You give us permission to check your credit and employment history and to answer questions about your credit experience with us. We have the option to report your account to any credit reporting agency such as a credit bureau. **There is a 25% fee for any account that has to be turned over to a collection agency because of non-payment.**

**Returned checks:** There is a fee of \$35 for any checks returned by the bank. Payment made on a returned check must be made in cash or by a money order.

**Copying of records:** You will need to make your request in writing, and pay a reasonable copying fee (\$1/page for the first 25 pages and 25 cents for every page thereafter) if you want to have copies of your records.

**Form fee:** There is a charge of \$30 for the completion of any type of forms.

**Brochures and Urinary Cylinders:** If these are needed your insurance will not pay for them. They must be paid for at the time services are rendered. The cost is \$4.00 each.

**Patient's name:** \_\_\_\_\_

**Responsible party (if not the patient):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_