

Jordan River Women's Health, P.C.

3584 W. 9000 S. Suite 206
West Jordan, UT 84088
(801) 561-2227

Financial Policy

With Insurance

- Patients are responsible to know the coverage of their insurance plan including; co-pays, deductibles, referral requirements, prior authorizations and provider participation.
- A valid insurance card is needed at each visit.
- Insurance co-pays and\ or deductibles are expected to be paid at the time of service.
- Jordan River Women's Health, P.C. will file claims to your insurance company.
- Patients are responsible for keeping account in good standing.
- Patients are responsible for any balances denied by insurance company and that are not paid within 90 days.

Without Insurance

- Gynecological** patients will be asked to pay in full at time of service. When paying in full at time of service you **will receive a 20% discount.**
- Obstetrical** patients need to sign a Financial Agreement to set up monthly payment arrangements to pay for delivery.
- Patients will be responsible for keeping account in good standing.
- If there are circumstances that keep you from paying account in full within 30 days you will need to contact our billing department at 561-2227 to make payment arrangements.

Terms and Conditions

Patient agrees to pay a **return check fee** of **\$35** on any checks that are returned. If any legal action is necessary to enforce the terms of this agreement, or if it is necessary to employ the services of an attorney to enforce the terms of this agreement, the party in default or in breach hereof agrees to pay the other party's reasonable attorney's fees and court costs in addition to any other relief to which it may be entitled if customer fails to pay any amounts owing hereunder when due, or otherwise breaches any terms of this agreement. Patient agrees to pay up to a **33.3% collection expense** incurred by Jordan River Women's Health, P.C.. in attempting to collect such amounts from the patient, in addition to the aforementioned attorney's fees and costs.

I understand that it is my responsibility to Jordan River Women's Health, P.C. with current and accurate demographic and insurance information. I agree to notify Jordan River Women's Health ASAP of any change in address, telephone, insurance coverage or place of employment.

I have read the above financial policy and understand the terms of this policy. I agree to be responsible for payment of all services rendered. I authorize release of all medical information necessary to process all insurance claims relating to services rendered.

Patient Signature (Parent if minor)

Responsible Party

Witness

Date