

Taguchi Women's Clinic, PLLC
801 S Walnut
Stillwater, OK 74074

FINANCIAL AGREEMENT

We are committed to providing you with the best care possible. This financial agreement serves to clarify our relationship with you, and your relationship with your physician and with your insurance company, so we can best serve you. If you have medical insurance we will be glad to file an insurance claim to help you receive your maximum allowable benefits. In order to achieve this goal we need your assistance understanding our payment policy.

Payment, Co-insurance and Copay is due at the time of service. Payment may be in the form of cash, check, or credit card (Visa, MasterCard, AMEX and Discover). **Payment is required in full at the time of service on all self-pay** and out of network services provided. **Returned checks** are subject to a **\$25.00** check fee. If you cannot keep your scheduled appointment, you must notify us at least 24 hours prior to your appointment time. If you fail to notify us, you will be charged a **no-show fee of \$50.00**. Payment is required at your next visit.

We will gladly discuss your proposed treatment and answer any questions regarding your insurance. You must realize, however, that:

- 1. Your insurance policy is a contract between you and your employer. We are not a party in that contract.**
- 2. Some services are not covered by your insurance. It is primarily your responsibility to know which services are not covered.**
- 3. We cannot become involved in disputes between you and your insurance company regarding deductibles, copays, covered charges, secondary insurances, "usual and customary" charges, etc., other than to provide the necessary factual information.**
- 4. Any estimate given for future services is only an estimate. Many factors can influence the estimate and change the actual cost.**

You are responsible for the **timely payment** of your account. We realize that temporary financial problems can arise. If this should happen, we encourage you to contact us immediately for assistance in the management of your account.

Balances beyond 30 days may be subject to collection fees and service charges.

It is your responsibility to inform us of any change in your personal information including: Address, phone numbers, employment information, insurance coverage, etc. **We need to make a copy of your insurance card each time you visit our office. Please remember to bring your insurance card with you.**

Responsible Party Name (Print)

Responsible Party Signature

Date: