Barton Women's Health

Financial Policy

Thank you for choosing us as your healthcare provider. We are committed to providing you with proper and optimal care and treatment necessary to maintain and restore your health. In order to achieve these goals we need your assistance and understanding of our payment policy.

All charges are your responsibility regardless of insurance coverage. Not all services are covered by all contracts. Some insurance carriers arbitrarily select certain services they will not cover. While we make every attempt to know plan provisions and benefits for major employers, we cannot accept responsibility for knowing what each carrier will or will not pay. We refer patients to participating providers whenever possible, however the status of these providers changes frequently. Please take the time to familiarize yourself with providers to whom you may be referred (anesthesiologists, pathologists, labs, etc.) and indicate your preference.

Please be certain we have a copy of your most recent insurance card. Policies are updated often and even a subtle change can impact the timely and accurate processing of your claim.

Please note – if your specimen (Pap test, biopsy, lab test) is sent to an outside provider, you will be *billed separately by their office* for these services.

Payment of co-payments and deductibles are due at the time of service. We accept cash, checks, MasterCard and Visa.

Again, thank you for choosing Barton Women's Health for your healthcare needs. If you have any questions about the above information, please feel free to contact a staff member. We appreciate your trust in us and the opportunity to serve you.

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I ______________________________ have reviewed the financial policies of Barton Women's Health. I understand I am responsible for all charges for medical services not paid by my insurance plan. To the extent permitted under applicable law, I authorize release of any information relating to my claim(s).

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Signature of Patient Date

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Print Patient Name