

PASADENA WOMEN'S MEDICAL GROUP, INC.

EXPLANATION OF PRACTICE POLICY

PATIENTS RIGHTS AND RESPONSIBILITIES

PATIENTS HAVE THE RIGHT TO:

- Be treated with professionalism and respect.
- Confidentiality regarding your medical record and all other personal information.
- Receive explanations about any tests or office procedures, or answers to any questions you may have.
- Review your medical record with your health care provider and participate in decisions regarding your healthcare.
- Consent to or refuse any medical care or treatment.

PATIENTS ALSO HAVE THE RESPONSIBILITY TO:

- Provide information needed by the professional staff in order to care for you and to follow instructions and guidelines given by those providing health care services.
- Ask questions if you do not understand.
- Keep all scheduled appointments and be on time, and to cancel at least 24 hours in advance if you are unable to keep an appointment.
- Pay your share of fees or co-payments; provide insurance information.

FINANCIAL POLICY

Patients who have medical insurance should know that all services are charged directly to the patient, and that he or she is responsible for payment. We must emphasize that as medical care providers, our relationship is with **YOU**, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. All insurance forms processed by this office, prior to payment in full are assigned to this practice. Your cooperation in complying with the terms of this assignment will be appreciated. **Most misunderstanding about insurance can be avoided if you understand what your policy provides.**

LABORATORY AND OTHER TESTS DONE OUTSIDE THIS OFFICE:

You are responsible for ensuring that these are done at a provider that is contracted with your insurance. Consult the Member Services Department of your insurance for assistance.

HMO / IPA ORGANIZATIONS

You must obtain authorizations from your primary care physician to see our doctors in order for your insurance to cover medical services. You are responsible for all co-payments at the time of service. We do **NOT** bill for co-payments!!!

STATEMENT OF FINANCIAL RESPONSIBILITY

I, the undersigned, have read the above and realize that all medical and surgical charges incurred by me or my dependents for services rendered by Pasadena Women's Medical Group, Inc. are my financial responsibility.

Signature of Patient / Guardian

Today's Date