



Corridor OB GYN
2769 Heartland Drive, Suite 201
Coralville, IA 52241

Account #: _____

Patient Acknowledgement and Consent

Welcome to Corridor OB GYN! We are committed to providing you with the best possible health care. The following information is provided to ensure you are aware and understand our policies.

Patient Liability We encourage you to become familiar with your health insurance plan. Each carrier has specific guidelines regarding coverage and benefits. It is **your** responsibility to understand the guidelines set by your insurance carrier. If you have benefit or coverage questions, please contact your insurance company directly. As a courtesy to our patients, we verify benefits for certain procedures. **A quote of benefits is not a guarantee of benefits or payment.** Your claim will process according to your plan. If a discrepancy exists between the benefits quoted and final payment of the claim, the terms of your insurance plan will override. We recommend you also contact your insurance carrier to check benefits.

Insurance Information We require complete and accurate insurance information to bill your insurance. If accurate information is not given to Corridor OB GYN, the patient will be responsible for any balance. In accordance with your insurance contract, payment is required at time of service.

Appointment No-Show/Cancellation When cancelling an appointment, we require advance notice of 24-hours. If the appointment is not cancelled 24-hours in advance or you do not show up for a scheduled appointment, after **three late cancels or no-shows**, you will be charged a \$25.00 no-show/late cancellation fee. This fee is not billable to your insurance, and you will be responsible for the balance due. We reserve the right to discharge patients from Corridor OB GYN for habitual abuse of this policy.

Returned Checks The charge for a returned check is \$25.00. This charge is not billable to your insurance, and you will be responsible for the balance due.

Minors A parent or legal guardian must sign the Patient Acknowledgement and Consent form. The parent or legal guardian that accompanies the minor patient to the clinic will be responsible for any payment as outlined above. It is the responsibility of the parent or legal guardian to forward any bills to other responsible parties.

Self-Pay Patients (No Insurance) Payment is due in full prior to services being rendered. If you are unable to pay at the time of your visit, your appointment will be canceled and rescheduled at a time when payment can be made.

Collections If we have not received a payment on your account after sending 3 statements and no effort is made to make alternative payment arrangements with Corridor OB GYN, your account may be turned over to an outside collection agency. Any standing appointments will be canceled. Fees incurred for sending your balance to collections will be added to your bill. This balance must be paid in full to continue your care with Corridor OB GYN.

I hereby authorize Corridor OB GYN to release necessary medical information to my insurance carrier to process all claims and hereby assign to Corridor OB GYN all payments for medical services rendered. I understand I am responsible for all amounts not covered by insurance. I further understand that copays and coinsurance are due at the time of service.

I have been offered a copy of the Notice of the Privacy Practices of Corridor OB GYN. Corridor OB GYN reserves the right to modify the privacy practices outlined in the Notice of Privacy Practices.

I understand Corridor OB GYN uses electronic prescribing. My prescriptions will be sent, and my medication information may be obtained through Corridor OB GYN electronic prescribing functionality.

I understand Corridor OB GYN will report any vaccines administered throughout my care to IRIS (Immunization Registry Information System).

Patient Signature: _____ Date: _____

(Legal Guardian/Patient Representative - required if patient is minor or adult unable to sign)

Legal Guardian Address: _____

Relationship to Patient: _____