

High Risk Pregnancy Center of Kansas City, P.A.

Thank you for choosing **High Risk Pregnancy Center of Kansas City, P.A.** We strive to provide the very best care and in order to do so we would like to take this opportunity to acquaint you with our office policies. Please take a few moments to read over the following information. In addition, we suggest you review your health insurance policy and familiarize yourself with the coverage it provides.

Insurance and Driver's License due at time of service

I understand that in order for High Risk Pregnancy Center of Kansas City to file insurance claims on my behalf, I must present proper proof of insurance at the time of my appointment. High Risk Pregnancy Center of Kansas City, P.A. accepts several insurance plans and every plan is different. It is up to the insured to know the exact requirements of their own insurance plan.

INSURANCE WILL NOT BE FILED WITHOUT A COPY OF THE INSURANCE CARD.

Assignment of Insurance Benefits

I hereby authorize and assign, my insurance carrier(s), to make payment directly to High Risk Pregnancy Center of Kansas City, P.A. of insurance benefits for services herein specified and otherwise payable to the insured. High Risk Pregnancy Center of Kansas City, P.A. files both primary and secondary insurance as a courtesy to patients. I understand and agree that I am financially responsible to High Risk Pregnancy Center of Kansas City, P.A. for all charges incurred regardless of potential insurance benefits. I understand High Risk Pregnancy Center of Kansas City, P.A. will not become involved in disputes between the patient and the insurance company. I understand it is my responsibility to verify with my insurance company the physician(s) treating me are covered under my insurance and to get referrals and/or authorization for services.

Costs

I understand that I am financially responsible for all charges arising for treatment of my dependents or myself by High Risk Pregnancy Center of Kansas City, P.A. Not all services are a covered benefit in all contracts. I understand that if I am delinquent and default on the terms of this agreement then my account will be turned to a collection agency.

Referral Forms

I understand that if I have an HMO or PPO insurance requiring a referral, a completed referral form, or referral number from my primary care physician (PCP); then it must be provided at the time of my appointment. I understand that failure to provide referral information at the time of my visit will necessitate either rescheduling my appointment, or payment in full at the time of the service.

Payments

I understand that all copays must be paid the day of my appointment. I understand that self-pay and non-covered benefit fees are payable at the time of my appointment.

Appointments

I understand that a \$50.00 service charge may be incurred for failure to notify the office at least 24 hours in advance of a cancellation. I understand this charge is not covered by my insurance policy. I understand that if I arrive late for an appointment I may be asked to reschedule my appointment.

High Risk Pregnancy Center of Kansas City

George Lu M.D.

1201 NW Briarcliff Parkway Ste 310
Kansas City, MO 64116
816-541-2700

Reinstatement

I understand that if I am turned to a collection agency by High Risk Pregnancy Center of Kansas City, P.A. it will be at management’s discretion to accept me back into the practice. If accepted back I know I am responsible to have that balance paid in full before having any future treatments with High Risk Pregnancy Center of Kansas City, P.A. I also understand that there will be a minimum of a \$25 charge for reinstatement fee applied to my account. The reinstatement fee and the full amount of the visit is due at the time of service as a guarantee of payment. We will submit your claim to your insurance company and you will be reimbursed once your claim is processed.

Noncompliance

I understand that High Risk Pregnancy Center of Kansas City, P.A. reserves the right to discharge any patient from this practice at any time for failure to comply with treatment recommendations or office policy responsibilities. High Risk Pregnancy Center of Kansas City, P.A. will suggest referral options in this event.

Prescriptions

I understand that prescription refills need to go through the pharmacy. Please allow 24 hours for any prescription refill, Monday – Thursday. Any prescriptions received on Fridays will not be filled until the following Monday. I understand that most prescriptions will be sent electronically to the pharmacy that I have requested.

Can High Risk Pregnancy Center of Kansas City, P.A. have your permission to view your prescription history from external sources? Yes No

Please provide your pharmacy information:

Pharmacy Name _____

Pharmacy Address _____

Pharmacy Phone Number _____

Pharmacy Fax Number _____

Signature: _____ **Date:** _____