

**South Lake Women's Health P.C.**  
**11376 Broadway**  
**Crown Point, IN 46307**

Welcome to South Lake Women's Health. Our professional staff is readily available to meet your medical needs. It is our office policy to receive payment in full at the time of service.

Payment is requested for all office services AT THE TIME SERVICES ARE RENDERED for those patients who are paying with cash. For your convenience we accept cash, check, MasterCard and Visa. If you have insurance and we **do not** participate with that insurance, we will provide the necessary information for you to file so you may be reimbursed by your insurance company. Please provide the receptionist with **your current insurance card** at the time of your office visit to avoid delay in filing claims.

**Medicaid / Medicare:**

WE ARE NOT A PARTICIPATING PROVIDER WITH THESE PLANS.

**HMO/PPO:**

Patients who are members of HMO's and PPO's may be required to pay a co-payment. Co-payments are due AT THE TIME THE SERVICE IS RENDERED, and PRIOR to seeing your physician. It is the patients responsibility to verify if our physicians are In-Network or Out of Network with YOUR Insurance . All insurance claims will be filed for patients who are participants in these programs.

**Other Insurance:**

Insurance will be filed for all services provided. It is important for the patient to provide the correct information for filing. Not all insurance plans pay the same benefits or apply the same deductible, thus there may be a balance due after insurance has paid. Since the insurance contract is an agreement between the patient and insurance company, any unpaid balance will remain the responsibility of the patient.

If our physicians are considered Out of Network, it may be the patients responsibility to file with their insurance.

We send out all specimens/labs to Women's Health Laboratories. If your insurance requests that certain labs be used, please notify our office. We will try to accommodate your needs.

Please advise our insurance biller if your insurance company has special requirements such as referrals, pre-certification or second opinions. We do all we can to help, but the ultimate responsibility for fulfilling special requirements rests with the patient.

**Statements:**

Balances on account are due at the time of visits. Statements are mailed to those patients with balances due and payment is due upon receipt.

Our intention is to manage the financial business of medical care in the spirit of understanding and cooperation. We hope this provides you with the basic information needed concerning our payment structure. If you have any further questions, please feel free to contact our office.

**If it becomes necessary to employ a collection agency, service or attorney to enforce payment, you agree to pay for the costs and the fees charged for such service, including but not limited to collection agency fees, attorney's fees and the cost of court proceedings through judgment and execution of judgment and appeal.**

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_