



2025 PRACTICE AGREEMENT & FINANCIAL POLICIES

Thank you for choosing Pearl Health, Fertility, & Surgery. We are honored to care for you!

We thank you for taking special care to review Pearl's 2025 practice policies and financial agreement, signaling your acknowledgement and consent to each provision by initialing next to each statement and providing a final date and signature on page two. We are happy to provide a physical copy of this document for your own records. Simply request a copy from the Pearl team.

PLEASE INITIAL EACH AGREEMENT BELOW:

_____ **OUR COMMITMENT TO YOU** is to provide comprehensive, life-affirming health care with dignity and compassion. We commit to offering you medical solutions that respect your dignity, preserve your integrity, and work in cooperation with your body. This means that for the health, safety, and wellbeing of our patients, we do not offer synthetic hormonal contraception, sterilizations, or abortions but rather promote and provide natural fertility awareness methods which are scientifically validated. If you seek forms of artificial contraception, a list of doctors that take your insurance can be provided by your insurance company. We will provide the most healthy, natural, yet scientific approaches to individualize your care.

_____ **RESPECT:** Together we will build a dignified provider-patient relationship with communication that is grounded in mutual honesty, trust, and respect. We will strive to be respectful and conscientious in utilizing medical resources.

_____ **EXPECTATION OF PROMPT PAYMENT:** Co-payments, deductibles, and services not covered by an insurance plan, as well as any outstanding balances, are due at the time of appointment. Should you receive an invoice from Pearl, all account balances must be paid within 30 days of receiving your first statement. Payments are easily processed via our Patient Portal found on our website. We accept payments via credit and debit card. Nonpayment will result in your account being turned over to a collection agency. If you find yourself struggling to pay your bill, please contact the Billing Team.

_____ **COPAYS:** It is your responsibility to contact your insurance regarding the type of copay that will be applied for your visit. Copays are determined by the insurance company at the time of claim processing. Any copay amounts that are collected at your visit are an estimate of what may be owed, and final determination is made when your insurance processes your claim.

_____ **INSURED PATIENTS:** It is your responsibility to provide us with accurate insurance information and to inform us of changes in your coverage as they occur. Charges incurred for services are the patient's responsibility, regardless of insurance coverage. Your insurance coverage is a contract between you and your insurance plan. We will file your primary and secondary insurance as a courtesy to you. You are responsible for all copays, coinsurance, deductibles, and non-covered services. We ask that balances due be paid when you receive your statement or at your next appointment, whichever is sooner.

_____ **INSURED SURGERY PATIENTS:** We will call your insurance to verify benefits as soon as you schedule surgery. If your deductible and coinsurance amounts have not been met, we will pre-collect these amounts at your Pre-Operation Appointment. Failure to have this amount paid at your Pre-Op appointment will result in postponement of your surgery.

_____ **SELF-PAY PATIENTS & SHARE-PLAN PATIENTS:** Patients who are not billing a third party or health insurance company, as well as all medical "share plan" patients, are required to pay at the time of service. We do not submit any claims directly to share plans. You are responsible for all filing. Pearl does extend a significant self-pay and share-plan discount on services to assist you as you pay for medical care.

_____ **GOOD FAITH ESTIMATES:** You have a right to a Good Faith Estimate and Pearl will provide one upon request.

_____ **OB PATIENTS:** As a courtesy, we will contact your insurance to verify your obstetrics benefits prior to your Comprehensive OB Appointment (typically 12 weeks). If you have more than \$2,000 deductible and/or co-insurance that has not been met at the time of our initial verification, we will collect anticipated obstetrics fees prior to your delivery. Any additional fees will be collected immediately following delivery.

_____ **OUTSIDE LABORATORY FEES:** Pap smears, blood tests, nasal swabs, endometrial biopsies, genetic screenings, and other samples may be sent to an outside laboratory for analysis. We offer Path Advantage space in our clinic as an added convenience to patients, though we also use LabCorp, CPL, and Arbor as laboratory partners. If your insurance requires a specific lab, please notify us at the time of service. Do note, there will often be co-insurance/deductible amounts for which you are responsible and will receive a separate bill directly from the laboratory. Please note that Pearl has no financial relationship with these laboratories. Any questions about lab bills must be directed to the lab itself and/or your insurance company.

_____ **MEDICAL FORMS:** The completion of disability forms, FMLA, attending physician statements and other supplemental insurance/employer forms require additional physician and staff time. A minimum of \$25 will be charged for each form needed.

_____ **DIGITAL CORRESPONDENCE:** Because modern technology offers constant opportunity to communicate, we seek to streamline digital correspondence so you can get answers thoroughly and promptly. Should digital correspondence require more than 5 minutes of provider time, billable fees following coding guidelines can range from \$35 to \$113 to account for clinical time outside of a prior visit. We encourage patients to make a new visit for new problems or complex questions and issues.

_____ **THIRD-PARTY COLLECTIONS:** Should prolonged non-payment become an issue, Pearl reserves the right to place your account with a third-party collection agency. It is also likely we will have to dismiss the account holder from our practice. Please communicate before your account falls into arrears. Payment plans are available if we know your situation early.

_____ **EARLY ARRIVAL TO APPOINTMENTS:** To keep the clinic running on schedule, we ask that all patients arrive at least 15 minutes early to appointments. This allows us to process paperwork, collect co-pays, reconcile outstanding balances, collect urine samples, or answer questions.

_____ **LATE ARRIVAL & MISSED APPOINTMENT POLICY:** We truly understand that sometimes events are beyond our control, but lack of prompt attendance prevents others from receiving care at that time, thus compromising both Pearl's wellbeing and that of other patients. If cancellation is necessary, we ask that you call our office at least one business day in advance. "No Show" appointments may result in a \$100 charge to the patient, and cancellations within 24 hours may result in a \$50 charge to the patient.

YOUR SIGNATURE CONSTITUTES AN AGREEMENT TO THESE POLICIES.

PATIENT OR RESPONSIBLE PARTY (SIGNATURE): _____

PATIENT NAME (PLEASE PRINT): _____

DATE: _____

EDUCATION: An Explanation of Pearl's Approach to Medical Insurance

As medical insurance has become increasingly complex, we hope this information will help you evaluate and better understand your insurance coverage for treatment obtained through this office.

Your Insurance Contract

A claim from our office for all services provided to you (office visits, procedures, surgery, etc.) will be sent to your insurance company. The amount that your insurance pays to the physician (provider) as reimbursement for these services—**and the amount that must be paid by you**—is determined by the contractual agreement between you and your insurance company. That agreement most likely states that you, the insured, are responsible for several types of payments. These include

- **Co-Payments**

Co-payment (copay) is the amount that your insurance company requires you to pay to the physician at the time of service (office visit). Depending on the type of service being rendered, you may be required to pay a copay with each visit. ***Based on the services provided at Pearl, our office policy is to collect your co-payment at each visit.***

It is your responsibility to contact your insurance regarding the type of copay that will be applied for your visit. Co-pays are determined by the insurance company at the time of claim processing. Any co-pay amounts that are collected at your visit are an estimate of what may be owed, and final determination is made when your insurance processes your claim.

- **Deductible (Per Calendar Year)**

The deductible is the amount that your insurance **requires you to pay** for services rendered before the insurance company will begin paying for benefits.

- **Co-Insurance (Per Calendar Year)**

After your deductible has been met, your insurance company will pay for all or part of the expenses according to your agreement with the insurance company. The amount that your insurance company pays will vary from 0% to 100%, with common options being 90% / 10% and 80% / 20%. This means that you (the patient) will be responsible for a percentage. The percentage amount is determined by your contract with your insurance company.

The terms under which insurance policies establish these limitations on reimbursement vary widely among policies and depend on your individual contract and plan benefits. We encourage you to contact your insurance company to verify your plan benefits. Patients are financially responsible for any service received that is not a covered benefit of their insurance plan.

IT IS OUR POLICY TO COLLECT YOUR CO-PAY AND OUTSTANDING ACCOUNT BALANCES WHEN YOU CHECK IN FOR YOUR APPOINTMENT.

FOR OBSTETRIC AND SURGICAL PATIENTS, DEDUCTIBLES AND CO-INSURANCE WILL BE PRECOLLECTED AS WELL.