



Financial Policy

Last update – January 1, 2026

Thank you for choosing **The Women's Health Group, P.A.** as your health care provider. We are committed to building a successful physician-patient relationship, and the success of your medical treatment and care. Your understanding of our Financial Policy and payment for services are important parts of this relationship. For your convenience, this document discusses a few commonly asked financial policy questions. If you need further information or assistance about any of these policies, please ask to speak with our Billing Office.

When are payments due?

All copayments, deductibles, patient responsibility amounts, and past-due balances are due **at the time of check-in** unless previous arrangements have been made with our billing office. Patients may be rescheduled if they are unable to pay copay and past-due balances at check-in.

How may I pay?

We accept payment by cash, check, and credit card (to include your HSA/FSA card). You can make payments through your patient portal at twhg.ema.md or through the Quick Pay link of our website at www.thewomenshealthgroup.com. You can also authorize payment through our HIPAA-compliant texting service, Klara, by signing-up for Auto Pay, or by placing a card on-file with our office.

Card On-File / Auto Pay

The Women's Health Group, P.A. utilizes cards on-file with our office to draft payment of outstanding balances. When you place a card on-file with our office, that card will be drafted when you have an outstanding balance due with our office. You can expedite this process by enrolling in Auto Pay.

Patients will be notified when their cards will be run and will be sent a receipt for the amount paid. It is the patient's responsibility to inform the office if they wish to make other payment arrangements.

Card on-file is required for all payment plan arrangements with our office.

Do I need a referral or pre-authorization?

If your insurance plan requires a referral authorization from your primary care physician or a preauthorization from your insurance, you will need to contact your primary care physician or insurance company to be sure it has been obtained. If we have yet to receive authorization prior to your appointment time, we will reschedule. Failure to obtain the referral or preauthorization may

result in a lower or no payment from the insurance company, and the balance will become the patient's responsibility.

Insurance Responsibility

Patients are responsible for providing **current and active** insurance information at the time of service. If valid insurance information is not provided, coverage is inactive, or insurance is submitted after the payer's timely filing deadline, the visit will be processed as self-pay, and the patient will be financially responsible for all charges, including any balance not covered or denied by insurance.

Will you bill my insurance?

Insurance is a contract between you and your insurance company. In most cases, we are not a party to this contract. We will bill your primary insurance company on your behalf as a courtesy to you. To properly bill your insurance company, we require that you disclose all insurance information, including primary and secondary insurance, as well as any change of insurance information.

It is your responsibility to notify our office promptly of any patient information changes (ie, address, name, insurance information) to facilitate appropriate billing for the services rendered to you. Failure to provide complete and accurate insurance information may result in the entire bill being categorized as a patient's responsibility / self-pay.

Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

Which plans do you contract with?

The Women's Health Group, P.A. accepts most major insurance plans. Patients with Tricare Prime are required to have an authorization on-file prior to scheduling. With the frequent changes that happen in the insurance marketplace, it is a good idea for you to contact your insurance company prior to your appointment and verify if we are a participating provider as per your plan.

What if my plan does not contract with you?

If we are not a provider under your insurance plan, you will be responsible for payment in full at the time of service. As a courtesy, however, we will file your initial insurance claim, and if not paid within 45 days, you will be responsible for the total bill. After your insurance company has processed your claims, any amount remaining as a credit balance will be refunded to you.

What is my financial responsibility for services?

It is your responsibility to verify that the physicians and the practice where you are seeking treatment are listed as authorized providers under your insurance plan. Your insurance company should be able to provide a current provider listing.

What if I don't have insurance?

Self-pay accounts are used for patients without insurance coverage, patients covered by insurance plans which the office does not accept, or patients without an insurance card on file with us. It is always the patient's responsibility to know if our office is participating in their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven. Self-pay patients will be required to pay in full for services rendered. Emergency services provided to self-pay patients will be billed to the patient.

I received a bill even though I have secondary insurance.

Having secondary insurance does not necessarily mean that you won't have a final bill due with our office. Secondary insurance policies typically pay according to a coordination of benefits with the primary insurance.

What if I have billing or insurance questions?

The Women's Health Group, P.A. is supported by a staff of dedicated professionals. Our office staff can assist with most financial questions and help relieve the patient/caregiver of burdensome paperwork. Please ask if you have any questions about our fees, our policies, or your responsibilities. **You can reach our Billing Team at 785-236-8308.**

Services, Testing, and Lab Work

During your visit, your provider may order diagnostic or preventive services including, but not limited to, physical examinations, pelvic examinations, laboratory testing, pathology services, Pap tests, HPV testing, imaging, and other medically appropriate services based on your age, medical history, symptoms, and current clinical guidelines. Clinical decisions are made based on medical necessity and established guidelines, not on insurance coverage or payment determination.

By receiving care at The Women's Health Group, P.A., you consent to medically appropriate evaluation and testing ordered by your provider.

Preventive Visits and Annual Exams

Annual and preventive visits may include routine screening tests such as Pap testing, pelvic examination, HPV testing, laboratory work, and other services recommended by national guidelines. While many preventive services are covered by insurance, coverage is determined solely by your insurance plan. Some preventive services and associated lab work may be applied to your deductible, coinsurance, or patient responsibility.

What if I need surgery?

If your physician recommends surgery, your surgery will be scheduled by your physician's staff. The billing office can answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and assist with completing all prior authorization your insurance company might require.

Our office will require a pre-surgical deposit equal to half of the amount of your copayment/deductible to go toward your surgery copayment, deductible, or any other amount your insurance carrier deems to be the patient's responsibility. After your insurance company has

processed your surgery claim, any outstanding balance will be billed to you, or any amount remaining as a credit will be refunded to you.

I received more than one bill for my surgery/procedure/service.

Please note that The Women's Health Group, P.A. only bills for services rendered by our clinical team during the procedure. This includes labs and pathology that we send out for processing, like endometrial biopsy, Pap and HPV testing, etc. The hospital or other providers may bill you for other services provided—which might include operating room costs, anesthesia costs, other doctor's charges, etc. If you believe you have been accidentally billed twice for the same service, please get in touch with our office for clarification or resolution.

How am I billed for my prenatal care?

The Women's Health Group, P.A. will contact your insurance company prior to your first appointment in our office. Based on that information, we will build an OB Contract and a quote of your expected patient responsibility. **Payment arrangements are due prior to that first appointment**, or it will be rescheduled. Patients without verified active insurance will be considered self-pay and must pay a \$1,000 down payment at that first visit.

Do you offer payment plans?

Our office does offer payment plans for outstanding balances meeting certain criteria. A down payment is required upon set-up. Payment plans are offered at 0% interest as a courtesy to our patients. Patients must acknowledge the payment plan and place their card on-file. Patients who fail to put a card on-file, or whose payment plans go delinquent will be subject to **immediately turning outstanding balances to collections**. It is the patient's responsibility to ensure enough funds are available on the card on-file on the agreed-to draft date.

Do you bill other third parties?

We do not bill third parties for services rendered to you. Our relationship is with you and not with the third-party liability insurer or policy carrier (eg, auto or homeowner). It is your responsibility to seek reimbursement from them. However, at your request, we will submit a claim to your primary health insurance carrier. You will be asked to pay in full for the services we provide you. All formalities required by your insurer and the third party should be promptly completed by you. If we receive a denial of your claim, you will be responsible for payment in full.

Will I receive statements or bills?

It is our office policy that all accounts with pending balances be sent two (2) statements, each 25 days apart. Our office uses the HIPAA-compliant text messaging service, Klara to notify patients of outstanding balances. Statements are available on your patient portal at twhg.ema.md. As we strive to be a paper-less office, paper statements will **only** be sent at the request of the patient.

Patients with a card on-file with our office will have their outstanding balance drafted on the card on-file. Patients will be notified of the draft and be sent a receipt for the amount paid.

Accounts with balances due over 51 days are considered in pre-collections. Patients will receive a pre-collections letter notifying them of 10 days to pay the balance. If no payment is made at the end of 10 days, the account will be turned to collections.

In the event an account is turned over for collections, the person financially responsible for the account will be responsible for the collections costs, including attorney fees and court costs. Our office charges an additional 25% administrative fee, payable to The Women's Health Group, P.A. for accounts turned to collections. Outstanding collection balanced **must be resolved prior to scheduling future services with our office.**

Regardless of any personal arrangements that a patient might have outside of our office if you are 18 years old or older and receiving treatment, you are ultimately responsible for payment of the service. Our office will not bill any other personal party.

Do you refer unpaid bills to collection agencies?

If a patient cannot pay the balance on their account according to the financial policy will be referred to an outside collection agency or an attorney for further action. Our office charges an additional 25% administrative fee, payable to The Women's Health Group, P.A. for accounts turned to collections. **Outstanding collection balance must be resolved prior to checking in and/or scheduling future services with our office.**

What if my child needs to see a physician?

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages. Parents or legal guardian may give written consent for minor children to be seen for future appointments without their presence. Consents are good for one year.

Do you charge a penalty for returned payments?

Any charges incurred by the practice collecting balances owed to us during the collection process may be charged to the patient. Returned checks, credit card chargebacks, or returned payments will attract a minimum \$35 penalty in addition to the balance owed. Accounts with returned payments will be expected to make payments via cash, money order, or cashier's checks only.

Can you waive my copay?

We **cannot** waive deductibles, coinsurances, or copays that are required by your insurance. This is a violation of insurance rules.

I have a hardship. How can you help me?

Some patients may accrue large balances for services provided. At the sole discretion of the practice leadership, we will work with you to set up a mutually feasible payment plan.

Do you charge for completing forms?

Completing disability forms, FMLA forms, and other requested supplemental insurance forms requires time away from patient care and day-to-day business operations. A prepayment of \$25.00 per form is required for a 2-week turn-around, and \$35 for a 1-week turn-around. Please understand that to complete forms, your medical record must be reviewed, forms completed and signed by the physician, and copied into your medical record. Some of these forms can be quite complicated and tedious to fill out. Please provide us with pertinent information, especially dates of disability and return to work. Normal requests take 2 weeks to process.

What if I missed my appointment to see the physician?

We understand that on rare occasions, issues may arise, causing you to miss your appointment when you cannot notify our office before your appointment. Should you experience any unforeseen circumstance that causes you to miss your appointment, please call our office at least 24 hours prior to having it rescheduled.

Our highly skilled physicians are committed to your well-being and have reserved time just for you. Patients who reschedule or fail to show, without notifying our office 24 hours before the appointment time, are subject to a **\$50 missed appointment fee** billed to the patient.

Patients who reschedule or fail to show, without notifying our office 24 hours before **surgery**, are subject to a **\$250 missed surgery fee** billed to the patient.

I have read, understand, and agree to the above Financial Policy. I understand my financial responsibility to make payments for services provided to me and the courtesy extended by The Women's Health Group, P.A. to simplify insurance reimbursement for the services provided to me. I acknowledge that these policies do not obligate The Women's Health Group, P.A. to extend credit to me for services provided.

Patient or authorized representative signature: _____ **Date:** _____

Patient or authorized representative name: _____ **Date:** _____