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### Financial Policies

This is an agreement between Rappahannock Women's Health Center, P.C. and the responsible party.

**Payment options if you do not have proof of insurance:** You are responsible for payment by cash, check, or credit card at time of service.

**Self pay Patients:** All services must be paid at time of service by cash, or credit card. The services provided are for our services only not any laboratory work, however if additional services arise with our practice then there will be additional charges that will also need to be paid before leaving from your appointment. The laboratory work will be billed by that company not our practice.

**Monthly Statements:** If you have a balance on your account \$10.00 and over we will be sending monthly statements showing charges to your account. Unless other arrangements have been made in advance, the balance is due upon receipt. If the account becomes past due our office will take the necessary steps to collect this debt. If we have to refer your account to an outside collection agency or lawyer, you agree to pay all collection, lawyer and court fees that are incurred.

**Returned Checks:** There is a \$75.00 returned check fee that will be added to your account.

**Refunds:** In the event that an overpayment is made the credit will be applied to any remaining balance after insurance has made the necessary payments. There after the monies owed to the patient will be refunded. There is a 4 % service charge applied if the patient has paid with a credit card and that will be deducted from the credit before being issued to the patient. Refunds can take up to thirty (30) days to process.

**Records transfer:** All adult patients must sign a medical release form if you are requesting copies of medical records and pay the necessary transfer fee.

Rappahannock Women's Health Center, P.C. files your insurance as a courtesy. We do ask our patient's that if you insurance has made payment on your claim within forty-five (45) days that you contact them for payment.

The undersigned understands that medical insurance is filed as a courtesy by the provider, if the provider participates in the patient's insurance plan; and if the patient provides the provider with all the correct insurance information. The undersigned is fully responsible for all sums due whether or not insurance coverage is available.

In consideration for the professional services rendered now and in the future, the undersigned hereby agrees to pay 18% interest per annum on all balance which are overdue and unpaid 45 days after the services are rendered, plus attorney fees, which are hereby stipulated to be 33 1/3% of such outstanding balance, plus court costs whether suit is filed or not. The undersigned further agrees to pay all costs of obtaining such credit information and or locating the undersigned as may be necessary.

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Signature of Responsible Party

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Date

