

# **WOMAN TO WOMAN OB/GYN, P.C.**

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## **Office Policy On Insurance & Appointment Cancellations**

In order to accommodate the needs of our patients, we are enrolled in numerous managed care insurance programs. While we are pleased to be able to provide service to you, it is very difficult to keep track of all of the individual requirements. Even within the same insurance company, plans differ depending upon what type of contract your employer has negotiated. Providing quality medical care for our patients is our primary concern. We are more than willing to provide care within your insurance guidelines if you let us know at the time of service what those guidelines are. We highly recommend that you read your insurance booklet or contact your insurance company about your benefits. Insurance is a contract between you and your insurance company. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, pre-existing, etc.

HMO/PPO/Managed Care Plans: (i.e. Aetna, United Health Care, BC/BS)

If your doctor is a provider for your plan, we will file the claim for you. You are responsible for any co-payment or deductible. If your plan requires prior authorization to see a specialist, the patient is always responsible for getting the referral to our office before the day of the appointment. You will be billed for any non-authorized office visits.

Indemnity Insurance:

On your first visit, payment is expected at the time of service. If we can verify that you have met your deductible, we will file to your insurance and collect your percentage.

Uninsured/Self Pay

Payment is expected at the time of service. If you are unable to pay in full, please contact our office prior to your visit to make payment arrangements.

Lab Work

All lab work will be billed separately by the respective laboratory, and is not included in the charges for this office. Any questions regarding bills for lab work should be addressed with the laboratory.

Appointments/Cancellations

Our policy is to charge for the 2<sup>nd</sup> missed appointment without a 24 hour notice at the rate of @25.00. Please help us serve you better by keeping your scheduled appointments.

We realize your time is valuable and will do our best to see you at the time of your appointment. Please understand that medical emergencies and unexpected delays are part of medical care.

I have read and understand the above information.

\_\_\_\_\_  
Patient or responsible Party Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date