OFFICE POLICIES FOR ADVANCED GYNECOLOGY AND WELLNESS, PA

New patients must arrive at least 20-minutes prior to scheduled appointment time with identification and insurance card. Paperwork must be completed on the portal or printed, fully completed by hand and brought into the appointment. New patients arriving after the scheduled appointment time will be charged a $50.00 fee and will require reschedule. There is no grace period.

Established patients must arrive at least 15-minutes prior to scheduled appointment time. This is to ensure that we are able to update the chart, check in, and obtain any new information needed prior to the scheduled appointment time. If the patient is not prepared to be triaged at the time called, it may require reschedule. There is no grace period.

Self-pay patients will have a $100.00 non-refundable deposit required at the time of scheduling. This amount will be applied toward the visit. Should the patient cancel, reschedule, or otherwise not come in for the appointment, this deposit will not be refunded. The new/established arrival times apply.

Patients with past balances will not be rescheduled for another appointment until satisfied. Any accounts sent to the collection agency require paying through that agency. We do not collect payments on accounts sent to the collection agency.

We do not allow food or drink in our lobby area. Please put food and/or drink away while in our office.

While we value family support, we allow only the patient to the back office. The exceptions to this will be for minors – a parent/guardian may accompany the patient to the back; elderly or disabled patients may be accompanied by an escort for assistance.

This office requires a minimum of 24-hours notice to cancel an appointment. Any appointments canceled for any reason within 24-hours will incur a $50.00 fee. Any appointments not kept and not canceled according to this policy will be charged a $50.00 fee as well. Frequent non-kept/non-canceled appointments might result in being dismissed from our practice due to non-compliance.

Patients requiring a service animal must notify our office prior to the appointment so we may prepare to accommodate all patients.

I understand these office policies as provided to me.

_____ _____

Patient Date

ADVANCED GYNECOLOGY
AND WELLNESS

FINANCIAL POLICIES FOR ADVANCED GYNECOLOGY AND WELLNESS, PA

Payment for services not covered by insurance and estimated amounts are ***due at the time of service.*** This office does not enter into payment arrangements for any services. Payment will be collected upon check in for scheduled appointments. Patients may also pay via the patient portal or by phone ahead of the appointment if desired.

Self-pay patients are expected to pay the remainder of their visit cost, minus the deposit paid at time of scheduling, upon check in for scheduled appointments. Patients may also pay via the patient portal or by phone ahead of the appointment if desired.

Please make sure this office has the correct insurance information prior to check in. We must have the necessary information to verify insurance at the time of the visit. If we cannot adequately verify, the patient may be asked to be self-pay or reschedule. We will not delay the check-in process waiting for the office or patient to interact with the carrier.

Our office payment policies supersede any contract language or statements contained in managed care contracts or other insurance policies. We are contracted with some insurance carriers/networks. For those insurance carriers/networks we participate with, we will accept assignment, collect what we estimate to be due to us from the patient, and bill for those services. Please be advised that arrangements with insurance is between the patient and the designated payor. Arrangements with our office are between the patient and Advanced Gynecology and Wellness. Although we may appeal claims determination from time to time, our office does not become involved in disputes the patient may have with insurance determinations.

It is the patient's responsibility to know and understand insurance coverage. If services are due denied due to non-coverage or maximum benefit met, the patient will be liable for the full charge with no discount. This process places an undue burden on the billing cycle and no discount is applicable.

I understand that Advanced Gynecology does not include any lab charges when collecting payment for my visits. Any service such as laboratory services, biopsies, pap smears, etc. are subject to a separate charge payable directly to the entity processing the specimens

We accept American Express, Apple Pay, cash, checks, debit cards, Discover, Mastercard and Visa.

Returned checks are subject to a $35.00 fee. The amount of the check plus the fee are due and payable immediately. No further appointments will be honored until satisfied.

It is imperative that patients cancel timely! Surgery cancellations within 10-days and/or pre-operative non-cancel/non-kept appointments will be subject to a $250.00 fee.

I understand these financial policies as provided to me.

_____ _____

Patient Date

ADVANCED GYNECOLOGY
AND WELLNESS

NOTICE OF PRIVACY PRACTICES FOR ADVANCED GYNECOLOGY AND WELLNESS, PA

This notice describes to our patients how information may be disclosed and used. It also describes how patients get access to health information. This is required as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Advanced Gynecology and Wellness is committed to maintaining the privacy of private health information. We are required by law to maintain confidentiality of that information. We realize these laws are complicated, but we must provide the following important information:

Circumstances in which we may use and disclose private health information:

1. To insurance carriers for the purpose of processing claims
2. To other physicians, hospitals or facilities for continuity of care
3. To public health authorities and health oversight agencies authorized by law to collect patient health information
4. To satisfy court, administrative, or other orders or lawsuits as required by law
5. If required to do so by a law enforcement official or correctional institution if patient is an inmate or in the custody of a law enforcement official
6. As necessary to reduce or prevent a serious threat to the patient's health and safety or the health and safety of another individual or the public
7. To appropriate authorities if the patient is a member of US or foreign military sources (including veterans)
8. To federal officials for intelligence and/or national security as required by law
9. For Workers Compensation and similar programs when applicable

Rights regarding health information:

1. Communications. Patient may request that our practice communicate about health and related issues in a particular manner or at a certain location. For instance, it may be requested that we contact the patient at home rather than work. We will accommodate reasonable requests as much as possible
2. Patient may request a restriction in use or disclosure of patient health information, treatment, payment or health care operations. Patient has the right to restrict disclosure of such information to certain individuals involved in the care of payment of patient such as family and friends. We are not required to agree to the request, however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the disclosure of information is necessary for treatment. If we restrict disclosure to insurance carriers for the purpose of processing a claim, the patient may be required to convert to self pay

3. Patients have the right to inspect and obtain a coy of the health information that may be used in decision making, including patient medical and billing records. This does not include psychotherapy notes. This requires the patient to submit a written request, signed and dated, to

   Advanced Gynecology and Wellness, PA
   Drs. Harms and Sigman
   12200 Park Central Drive Suite 135
   Dallas, TX 75251

4. Patients may request amendment to health information if it is believe there is incorrect or incomplete information, as long as the information is kept by or for our practice. To make a request for amendment, the patient to submit a written request, signed and dated, to

   Advanced Gynecology and Wellness, PA
   Drs. Harms and Sigman
   12200 Park Central Drive Suite 135
   Dallas, TX 75251

5. Right to a copy of this notice. It may be provided at any time by contacting the front office.
6. Right to file a complaint in the event the patient feels as though rights have been violated. This may be submitted to the Department of Health and Human Services.
7. Right to provide authorization for other uses and disclosures. It requires a written request, signed and dated, to

   Advanced Gynecology and Wellness, PA
   Drs. Harms and Sigman
   12200 Park Central Drive Suite 135
   Dallas, TX 75251

I understand these privacy practices as provided to me. I understand I have a right to ask questions regarding the Notice of Privacy Practices prior to signing the document. The Notice describes the types of uses and disclosures of protected health information that might occur in treatment, payment of bills, or in the performance of healthcare operations within the practice. This Notice also describes my right and the practice's responsibilities with respect to the information.

_____ _____

Patient Date