



Financial Policy

Please review the following information as it pertains to the financial policies of our practice

1. Payment is due when services are rendered. We accept Visa, Master Card, Amex, and cash.
2. There will be a \$20.00 fee for all pharmacy prior authorization requests.
3. For all surgery and FMLA paperwork there will be a \$20.00 fee. Please allow our office 10 days to complete the forms.
4. Prior to most procedural and surgical services, we will contact your insurance company for pre-approval. We obtain the details of your coverage to determine what part of the payment will be your responsibility. This portion of the payment will be due prior to service. This process with your insurance company will be well documented. However, changes from what insurance company pays are beyond our control and unforeseen charges are your responsibility.
5. Not all insurance plans cover all services. In the event your insurance plan determines a service “not covered,” you will be responsible for payment in full.
6. We have agreements with most of the local insurance companies and other health plans to accept an assignment of benefits. As a courtesy to you, we will invoice them directly. You are required to pay all co-payments, co-insurances, and/or deductibles.
7. You should contact your insurance company with any policy and coverage questions to avoid confusion and unexpected financial responsibility.
8. If you receive services by our providers in the office and/or hospital, you may be billed separately for hospital stay, administered anesthesia, radiology, pathology, and laboratory services. These additional charges are your responsibility.
9. Before services are provided, insurance benefits will be verified. Any unmet deductibles, co-insurance or co-pays will be due in full at the time the service is provided. You will receive a statement of any remaining balances and these are due in full upon invoice. If this is not paid and you are sent to collections you will be responsible for 50% of the collection cost (collection agency fees, attorney fees and court costs). **Our practice does not offer payment plans or carry patient balances.** We accept Visa, MasterCard, Amex, and cash for these balances.
10. If you have questions or would like to discuss our financial policies, please contact our office at 843-375-2210.

Patient

Date of Birth

Signature of Patient/Parent/Legal Guardian

Date

Edmund Rhett MD / David K Smith MD
1300 Hospital Dr Ste 150, Mt Pleasant, SC 29464
2002 South Frasier St, Georgetown, SC 29440
Phone 843-375-2210 Fax 843-375-2214
www.rhettwomenscenter.com