

**The Women's Clinic of Vancouver**  
**2101 NE 139<sup>th</sup> St, Ste 350**  
**Vancouver, WA 98686**  
(360)-256-4060 (360) 944-6933  
Fax (360)-256-0103

**NO INSURANCE  
COVERAGE**

A deposit of \$100 is required for office visits for a patient who is not covered by health insurance. Our billing department will inform you of your required deposit owed for procedures. You will be sent a statement showing any balance owed.

If you are unable to pay the balance within 30 days, you may contact the Account Representative assigned to your account and set up a payment plan. A monthly rebilling fee of \$10.00 will be charged to your account until paid in full.

**CREDIT CARDS**

We accept Visa, Mastercard, and Discover.

**ESTIMATES**

The exact cost of service cannot be determined until after the provider has completed care. Any amount quoted is an **ESTIMATE ONLY**. Your actual bill may be higher or lower.

**COPAYMENT**

Any copayment required by your insurance carrier must be paid before service. This is an insurance requirement. We will not bill you as the cost of billing is usually more than the copayment.

**INSURANCE**

The Women's Clinic of Vancouver, P.S. participates in many health plans as either preferred or participating physicians. We accept a discounted payment for our participation in certain health plans. **You will be responsible for all balances unpaid by your health plan as the contract is between you and your insurance company.** Although we may estimate what your plan may pay, the final determination of your eligibility and benefits will be made by your insurance carrier after they receive our claim.

We bill your insurance as a courtesy. We allow up to 60 days for the insurance company to pay. Regardless of the insurance coverage, the responsibility for payment of your account remains yours at all times. You are responsible to know your insurance benefits.

It is **ALWAYS** best to bring your insurance card with you to each appointment. **IF WE DO NOT HAVE COMPLETE BILLING INFORMATION, YOU WILL BE BILLED DIRECTELY.** Most insurances have **TIME LIMITS** on claim submissions.

A monthly statement will be sent to you after your insurance carrier sends payment. We expect full payment of the account within 30 days. If the balance cannot be paid within 30 days, we ask that you contact the Account Representative at (360) 256-4060 for arrangements.

**RETURNED CHECKS**

There will be a \$25.00 fee charged to your account for NSF (insufficient funds) checks returned to us by the bank. You may be dismissed from the practice and the account may be turned to a collection agency.

**PAST DUE ACCOUNT**

If an account becomes past due and no arrangements have been made with the Account Representative, or if a payment plan has not been kept, the account will be turned over to a collection agency. Your physician may choose not to see you for future services.

**MISSED APPOINTMENT**

You will be charged \$35.00 for a missed appointment or by not notifying us within 24 hours of rescheduling or canceling a scheduled appointment. You may be unable to schedule any future appointments and/or be discharged from the clinic.

Patient's name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_