



# Women's OB/Gyn Center

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## INSURANCE

- \* I understand that my insurance will be billed for all services rendered to me.
- \* I also understand my copay and/or coinsurance is due at the time of service.
- \* Although my insurance is being billed, I know that I am responsible for my bill.
- \* I also understand if my insurance does not pay in full, and in a reasonable amount of time, for any services provided to me, I will be responsible for my bill.
- \* I hereby authorize my insurance benefits to be paid directly to the physician, and will be financially responsible for non-covered service.

## MEDICAID

- \* I understand that my medicaid card is required at all appointments.
- \* I also understand that my appointment will be rescheduled if I do not have my medicaid card. NO EXCEPTIONS.
- \* 3D ultrasounds and ultrasounds to determine the baby's sex are not covered by medicaid.
- \* Medicaid plans accepted are the following: Community Health Choice, Amerigroup, PCCM, Molina, and Texas Children's Star.
- \* My medicaid must be in Harris County.

## SELF PAY: NO MEDICAID/INSURANCE

- \* I understand I will receive an additional bill from the lab for my pap, cultures and/or bloodwork. This charge is not included in the payment I made to the doctor.

## FMLA/Forms

- \* I understand there is a \$30 fee for FMLA/Forms.
- \* Process time is 3 business days.

## APPOINTMENTS

- \* I understand that there is a possibility of reschedule if I am more than 15 minutes late.

## MEDICAL RECORDS

- \* There is a \$25 fee for medical records.
- \* My records can not be transferred until an authorization is received in writing.

## CIRCUMCISION

- \* I understand that the doctor will not bill my insurance/medicaid for this service. The fee for this service is \$200 and is done at the office, not at the hospital, by appointment. I have up to 8 days from the birth date to have this procedure.

\_\_\_\_\_  
signature

\_\_\_\_\_  
Date