The Women's Centre for Well Being

Gregory L. Eads, M.D.
Joanne Evans-Lewis, MSN, WHNP
1120 Medical Plaza Drive
Suite 200 The Woodlands, TX 77380
Phone: 832-813-0979
Fax: 832-813-0984

Financial Policy

Thank you for choosing us as your health care provider. We are committed to providing you with the best possible care. Your clear understanding of our financial policy is important to our professional relationship. **We ask that you carefully read and sign the following financial policy.**

** We require a copy of all insurance cards and ask that you present them at each visit along with your driver's license.

** All new patients must complete our patient information form before services are rendered.
** The forms of payment we accept are: Cash, Check, Visa, MasterCard, and Discover

Participating Insurances
We participate with most insurance companies, Co-pays and/or deductibles are due at the time of service.

Non participating Insurances, Self pay:
Payment in full is required at the time of service.

For ALL Insurances:
Please review your benefit listings summary. Well Woman or Annual exams are usually considered as preventive care. This is often not covered by many insurance plans.

For Medicare:
There is coverage for breast, pelvic exam and pap smear-based on certain criteria. However, Medicare does not cover a Well Woman preventive exam. Please sign an Advance Beneficiary Notice **(ABN**) form to **receive** this service.

Returned Checks:
There is a $30.00 fee on all returned checks.

Medical Records Copies:
There is a $25.00 fee for medical record copies as well as completion of forms.

Delinquent Accounts
We reserve the right to refer any delinquent account(s) to a collection agency and report them to the credit bureau.

****

I understand and agree that health insurance coverage is an agreement between an insurance carrier and myself. I understand that this office will prepare any necessary reports and forms to assist me in making collections from the insurance company and that any amounts authorized be paid directly to this office. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I authorize The Women's Centre for Well Being to furnish information to insurance carriers concerning my illness and treatments.
In the event that the patient is a minor, I am the parent and/or guardian of said patient and agree that I am responsible for all service rendered to the patient herein. In the event that the patient is a minor, I am the parent and/or guardian of said patient and agree that I am responsible for all service rendered to the patient herein.

_____ _____

Patient / Guardian Signature *Date*