



Insurance Coverage Attestation

I have provided correct insurance information to Southwest Obstetrics and Gynecology, LLC. I know that is unlawful to willingly withhold any additional insurance information that I am knowingly currently enrolled in, or in the process of attaining. I am aware that Southwest Obstetrics and Gynecology, LLC does not accept Medicare. I am financially responsible for all my copays, coinsurance and deductible amounts. If my insurance status should change during the course of my care with Southwest Obstetrics and Gynecology, LLC, I am by law required to disclose this new insurance information to the office. I know that if my insurance changes to a non-participatory plan I may not be able to continue my care with this office unless I accept financial responsibilities for my care as a self-pay patient. I have been informed that claims not filed with the appropriate insurance within 90 days of service will be denied by my insurance. I have been advised that my failure to provide correct and current insurance information to the office this is considered fraud and may be grounds for discharge from the office with 30 days' notice, and I will be financially responsible for any unpaid balances that accrue do to my omission.

_____ Please Initial

Bounced Check Fee

If I present a check to Southwest Obstetrics and Gynecology, LLC that is denied for Insufficient Funds I will be responsible for a \$45 bounced check fee that must be paid prior to any future appointments.

_____ Please Initial

Chart Request Fee

There is a charge of \$25 for printed copies of your chart that are less than 100 pages. This amount will be waived if chart is requested by a Physician's office and can be faxed. Printed charts that are greater than 100 pages will cost \$50 plus postage expenses if they are to be mailed. Most offices request no faxes beyond 100 pages.

_____ Please Initial

Name

Date

Name (Signature)

