



Our general process to best assess your specific needs/issues/concerns is as follows:

1. Have an initial consultation with Dr. Clark
2. Have imaging done in our office
3. Have lab work done (if needed)
4. Follow up with a discussion about testing results and the options to move forward
5. Follow up with a surgical discussion if surgery is the chosen pathway
6. Follow up with a fertility discussion if fertility treatment is the chosen pathway

### ***Questions To Ask Your Insurance Company***

**Please be advised it is your responsibility to know your insurance coverage.** The following are questions to ask your insurance company regarding what you will be having done to treat your needs/issues/concerns:

1. Do I need a **PCP referral or authorization** for visits with Dr. Clark?
2. Do I have coverage for?
  - a. Sonohysterograms (SHG) and Pelvic Ultrasounds (GYN scan)
  - b. Blood Draws and Labs
  - c. Medications: such as Lupron, Letrozole, Myfembree, Oriahnn or Orilissa

\*If yes for any of the above:

- **Do I need an authorization for these treatments/services beyond office visits?**
- **Do I have copays on these services?**
- **Do I have deductible that applies to these services?**
- **Do I have a percentage of coinsurance that applies to these services?**

### ***Financial Policy***

We are dedicated to providing the best possible care and service to you. Therefore, we believe your understanding of your financial responsibilities, including understanding of your insurance plan, is essential. Outlined below is our financial policy:

- Notification of new insurance must be provided no less than **TWO business days** before a scheduled appointment; otherwise, full payment for the appointment will be collected at check-in.
- **Copays/deductibles/coinsurance are due at check-in/prior to any telemedicine or in office appointment.**
- Payment for all services, including office paperwork, that are not covered by your insurance plan is your financial responsibility.
- **Payment:** accepted by **card** or **cash**. A \$5 assessment fee is charged for every declined card payment attempt.
- **Self-Pay: full payment** for service(s) rendered required prior to every appointment.
- **Account Balances:** payment is **due upon receipt** of your statement.

### ***Appointment Policy***

We make every effort to accommodate you and your needs. We greatly appreciate your cooperation in assisting us to make this a smooth process. The time we have set aside for your appointment is valuable, which is why a system-generated email is sent 24-48 hours prior to your appointment for confirmation. We require you to be on time to your appointment; if not, we will immediately reschedule your appointment.

If you need to cancel or reschedule your appointment, we request that you contact us immediately. There is a \$50 charge for any missed appointment. After two appointments for which you did not notify us in advance, you will be discharged from our practice. Additionally, we understand that there are circumstances that may cause you to be late for your scheduled appointment. If this happens, *please contact the office at (508) 917-6720.*

**By signing below, I certify that I have read, fully understand, and agree to contact my insurance company to understand my coverage, the terms of the Financial Policy and the terms of the Appointment Policy.**

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signer's Relationship to Patient, if other than Self

\_\_\_\_\_  
Signature of Patient / Guardian

\_\_\_\_\_  
Date



**Fee Schedule:**

Declined card assessment	\$5/decline
Administrative fee for all records/imaging requests	\$15
Record request	\$0.50/pg 1-100 pages      \$0.25/pg 101++ pages
Certificate/letter	\$15
Disability/leave paperwork	\$30 1 pg    \$40 2 pgs    \$50 3 pgs    \$60 4 pgs
Priority/rush (< 14 business days' from request)	\$20
Disk of images	\$30

***Prices/policies subject to change without notice***