



Patient Responsibility Form

Your signature below forms a binding agreement between Loudoun OB/GYN and the patient who is receiving medical services, or the Responsible Party for minor patients (patients under 18 years old). The responsible party is the individual who is financially responsible for the payment of medical bills.

We participate with many insurance plans and bill them as a service to you. Ultimately, you are responsible for charges not covered by your plan. If you are not sure about our provider status with your plan, please contact your insurance company or our billing office at 703-443-6717.

Patient Financial Responsibilities:

- The patient or responsible party is ultimately responsible for payment for treatment and care
- We will bill your insurance; however, patients are required to provide the most current insurance information at each visit
- Patients are responsible for payment of copays, coinsurance, deductibles and all other services provided that are not covered by their insurance plans
- Copays are due at time of service
- Coinsurance, deductibles and non-covered items are due 30 days from receipt of billing
- If you do not have insurance, payment is due at time of service in full
- All letters and/or FMLA forms are \$10 each. No exceptions.
- **Cancellations must be 24 hours in advance. If you are a no-show you will be charged for the following:**
 - \$75 for missed appointment**
 - \$200 for missed procedure (colposcopies, endometrial ablations, IUD insertion/removal, Cystometrics)**
 - \$300 for missed surgery.**

By signing below, you agree to accept full financial responsibility as a patient who is receiving medical services, or as the responsible party for minor patients. Your signature verifies that you have read the above disclosure statement, understand your responsibilities, and agree to these terms.

Patient Name (Please Print)

Patient DOB

Patient Signature

Date