

Acadiana Ob/Gyn

Kim A. Hardey, M.D.

Damon T. Cudihy, M.D.

Respecting the Dignity of Women and building a new Culture of Life

155 Hospital Dr., Suite 302 Lafayette, LA 70503

Telephone: (337) 261-5433

Fax: (337) 269-9652

PRIVACY POLICY ACKNOWLEDGMENT

I acknowledge that I have been informed about and am aware of the Privacy Practices of this office.

**Signature of Patient
or Legal Representative**

Date

If Legal Representative (relationship to patient)

Release of Information Questionnaire

May we inform family members about your appointments, treatment, general medical condition, diagnosis, healthcare operations and/or your payments?

YES _____

NO _____

If you want to limit this information to only specific family members, please print their full names here:

Please print the telephone number where you want to receive calls about your appointments, lab and x-ray results, or other healthcare information if other than your home phone number.

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Can confidential messages be left on your telephone answering machine?

YES _____

NO _____

Acadiana OB/Gyn, LLC

Financial Policy

Payment is required for all services at the time they are rendered. Acadiana OB/Gyn, LLC accepts payment in the form of cash, checks, Visa, MasterCard, Discover and American Express.

- If a check is returned to the office due to insufficient funds, the original check amount plus a \$25 returned check fee must be received within 30 days from the date the check was returned to avoid further late fees and/or collection action.
- After a balance has reached 45 days past due, a late fee will be assessed, after 90 days past due, your account will be turned over to an outside collection agency for further action. The patient will be responsible for any charges incurred in such action.
- Please help us better serve you and our other patients by keeping all scheduled appointments. If you must change an appointment, please do so before 48 hours prior to your scheduled appointment time. ***Your account will be charge a \$50.00 cancellation fee for any appointment made with less than a 48 hour notice.***

PATIENTS WITH PRIVATE INSURANCE

Acadiana OB/Gyn, LLC is pleased to participate in a number of different insurance plans. While we are pleased to be able to participate in these plans, it is impossible for our office staff to be aware of each plan's specific requirements. Your plan may have limitations on the frequency of services performed or where service may be performed. Some plans may require a referral from your primary care physician as well. It is the patient's responsibility to inform Acadiana OB/Gyn, LLC of specific limitations set forth by their insurance plan(s). If Acadiana OB/Gyn, LLC is to order services that are considered non-covered by a patient's insurance carrier, payment for these services becomes the financial responsibility of the patient. **Due to the overwhelming number of insurance plans, it is impossible for our office staff to guarantee coverage by any individual plan. It is your responsibility to verify that we are a member of your network before presenting to our office for treatment. It is in your best interest to verify this information directly by calling the customer service number on your insurance card before being seen by a new health care provider.** If we participate with a commercial insurance plan under which you are covered, we will bill the carrier for all charges for services rendered. We will bill both your primary and secondary insurance plans for contracted plans. You will be responsible at the time of service for payment of your annual deductible, co-payments, and any non-covered charges. In the event that we are not aware of a charge that is not covered by your plan, you will be billed for the balance after we obtain a denial from your insurance carrier. For those patients who have chosen a medical insurance plan that we do not have a contractual relationship with, we will require payment in full at the time of service. You will be responsible to file the charges for your treatment with your insurance company and we will give you a fee bill that contains all the necessary codes and information that you can file with your insurance plan for reimbursement. **It is your responsibility to verify that you have insurance coverage for any services rendered to you by Acadiana OB/GYN, LLC.**

PATIENTS WITH MEDICARE

We are Medicare participating providers. You will be responsible at the time of service for payment of the annual deductible, co-payments, co-insurance and charges for non-covered services.

FINANCIAL OBSTETRIC POLICY

Unlike other types of services, prenatal care is billed globally and will be billed at the end of your pregnancy, after delivery. Prenatal care includes your office visits and delivery charges.

During your pregnancy, physicians may order additional studies, such as ultrasounds and non-stress test. These services will be billed to your insurance at the time of the service, and are not included in the global prenatal care fee. You will be responsible for co-pays and/or additional fees for these services, which will be determined by your contract with your insurance.

In addition, please be aware of the cost of delivery. Some insurance companies require the patient to pay part of the delivery charge as a coinsurance and/or deductible. The coinsurance or deductible is considered part of the total reimbursement to the doctor. **We will arrange a monthly payment plan to pre-collect your deductible which you will be required to pay prior to delivery.**

It is your responsibility to inform our office of any changes in your insurance during your pregnancy. If your insurance coverage changes during your pregnancy, it is imperative that you inform the front desk or billing department as soon as possible. We need to obtain a maternity pre-certification to assure your delivery will be covered by the new insurance. You will be responsible for all unpaid balance if you fail to provide the office with a change in your insurance and you deliver without providing our office proper notification.

If these financial obligations are not met by the specified date, you will be instructed to reschedule appointments until your payments are made current and up to date.

Your signature below signifies that you understand our financial policy and agree to the terms of your responsibility regarding charges incurred at this office.

Patient's Signature _____ **Date** _____

Email Address _____

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As many of us know understanding our Health Insurance Coverage is sometimes very difficult. We thought it would be useful to try and clear up some of the confusion by explaining some of the basics when it comes to health insurance coverage.

Preventive health care (yearly annual exam) which includes a routine pap smear, breast and pelvic exam are done in order to detect problems early that you may not know you have, before you become sick. For many women, the OB-GYN is their primary care physician-the doctor they turn to first for healthcare.

In most cases your yearly annual exam is routine without any concerns or problems, but in some cases, your doctor might decide that you need additional time and medical care on this visit. Insurance companies determine what tests, drugs and services they will cover. Your insurance company may decide that these services are not covered under your insurance policy and therefore may not cover the additional services.

Remember that your insurance company makes the decision about what will be paid for and what will not. Our main concern is and will always be, to help our patients maintain optimum health and treating their individual needs.

Damon T. Cudihy, M.D.

Kim A. Hardey, M.D.

Patient Signature

Date

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ASSIGNMENT OF BENEFITS

I authorize the release of any medical information necessary to process any claim(s) filed with my insurance company(s). I hereby authorize an assignment of benefits directly to Kim A. Hardey, M.D. or Damon T. Cudihy, M.D. of all benefits that are payable under each insurance plan. I agree to pay whatever insurance does not pay as is necessary to pay my bill in full.

Patient Signature

Date

PATIENT AUTHORIZATION AND RELEASE

Insurers and managed care companies occasionally review medical charts to insure compliance with company procedures. I understand that my chart may be selected for such review and that the confidentiality of the information in my chart will be preserved and I hereby consent to such review and release this physician and any such insurer or managed care company for liability for any reasonable review of my chart.

Patient Signature

Date

PRIVATE PAY AGREEMENT

I understand that because I agree to pay for my medical care without the benefit of health insurance, I will comply with the arrangements that are made between myself and Dr. Hardey/Dr. Cudihy's financial policy. I understand that these arrangements have been made to best suit my financial situation. In the event that I later find it necessary to apply for financial assistance from the State of Louisiana (Medicaid), I understand that I may not be able to use it to pay for any balance or future charges that I may incur while under the care of Dr. Kim Hardey/Dr. Cudihy.

Patient Signature

Date

INSURANCE CHANGES

In the event that my insurance policy is changed, canceled, or my condition is considered pre-existing, I will comply with the arrangements that are made between myself and Dr. Hardey's/Dr. Cudihy's financial policy. I understand that these arrangements will be (have been) made to best suit my financial situation. In the event that I later find it necessary to apply for financial assistance from the State of Louisiana (Medicaid), I understand that I may not be able to use it to pay for any balance or future charges that I may incur while under the care of Dr. Kim Hardey/Dr. Cudihy.

Patient Signature

Date