

This is an agreement between Dominion Fertility and the Patient named on this form. In this agreement the words "you," "your," and "yours" mean the Patient. The word "account" means the account that has been established in your name to which charges are made and payments are credited. By executing this agreement, you are agreeing to pay for all services that are received.

Monthly Statement: If you owe a balance on your account, we will send you a monthly statement. It will show current balance, the finance charge, if any, and any un-applied payments on your account.

Payments: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if payment is not received by the end of the month.

Automatic Payment Plan: The Automatic Payment Plan is a convenient way for you to make your monthly payment by using your credit card.

Insurance: Insurance is a contract between you and your insurance company. Dominion Fertility is NOT a party to this contract, in most cases. Dominion Fertility will bill your primary insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company.

Re-billing Fee: A re-billing fee of \$5 will be imposed on each account that is over thirty days past due.

Required payments: Any co-payments required by an insurance company must be paid at the time of service.

Missed appointment fee: Patients who do not show up on time for an appointment, or cancel with less than 24 hours notice will be charged a \$50 fee. This fee must be paid before a new appointment is scheduled. Patients with three missed appointments will be asked to transfer their records to another doctor.

Past due accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency and/or a lawyer, you agree to pay all of the collection costs that are incurred, including lawyer's fees and court costs if applicable.

Waiver of confidentiality: You understand if your account is submitted to an attorney and/or collection agency, if Dominion Fertility has to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at Dominion Fertility will become a matter of public record.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account.

Transferring of Records: You will need to request in writing, and pay a reasonable copying fee if you want to have copies of your records sent to another doctor or organization. You authorize Dominion Fertility to include all relevant information. If you are requesting your records to be transferred from another doctor or organization to Dominion Fertility, you authorize Dominion Fertility to receive all relevant information, including your payment history.

Co-signature: If this or another Financial Policy is signed by another person, that co-signature remains in effect until canceled in writing. If written cancellation is received, it becomes effective with any subsequent charges.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

I have read and fully understand all the above conditions.

Patient's signature _____ **Date** _____

Responsible Party _____ **Date** _____