



Maternal Fetal Medicine, Midwife and Perinatal Services

Financial Policy

- All co-pays are due in full at time of service.
- There is a \$100.00 no show policy for appointments not cancelled 24hrs in advance or missed appointments. If not paid you will be responsible for all collection fees.
- I understand that it is my responsibility to pay Reno Maternity Care for all services received. Non-payment may result in account assigned to collection agency.
- I understand it is my responsibility to know my insurance plan and benefits and understand I will be billed for any services provided that is not covered under my insurance policy.
- I understand there is a return check fee of \$35.00. In the event of a return check any self-pay discounts will be removed and I will be responsible for balance in full.
- Self-pay patients will be given a 30% discount for balances paid in full at the time of service **OR** payment arrangements must be made prior to appointment. First payment will be due at the time of service.

I understand and agree that in the event legal action is commenced to enforce my obligations hereunder I will pay all court costs and attorney fees. •

Patient/Guardian Signature

Date