PINK DOOR BreastGyn Clinic
BREAST & GYNECOLOGICAL IMAGING

PATIENT FINANCIAL RESPONSIBILITY

I authorize direct payment to be made to Woman's Clinic, PLLC for any and all services

Rendered directly from my insurance company_____.
Insurance Company Name

I understand that I am responsible for all charges for services rendered that are not covered by my insurance day of visit. **Biopsy Procedures will include a separate bill for Pathology fees, Breast Panel Immunostain Labs, NOT included with Office Procedure** - As a courtesy we will submit your claim to your insurance, however this is not a Guarantee of payment. Once a claim is processed and paid by your Insurance, there may or May not be a balance due on your account.

Please Note:
Your insurance is a contract between you, your employer and the insurance company. We are NOT a party to that contract.

Not all services may be covered benefits in all contracts. Your employer selects and defines the services that are covered under your plan. You are responsible for non-covered charges.

We will do our best to make every attempt to collect upfront fees for service, but always subject to the actual processing of the claim by your insurance.

We collect payments based on benefits received at time of service. We make every effort to capture any refund that may be due to a patient in a timely manner, If you believe a refund is owed please contact us and we will gladly review your account and issue a refund when due

Responsible Party Signature Date