

Debra C. Placek, M.D.
Jeffrey E. Tomjack, M.D.
Alecia S. Lovegrove, M.D.
Emily M. Neri, M.D.



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Patient Financial Policy

Thank you for choosing Women's Health Care Center of Williamsburg as your provider. We are committed to building a successful relationship with you. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc.)

Co-pays

Patients are expected to present an insurance card at every visit. All co-payments and past due balances are due at time of check-in unless previous arrangements have been made with billing staff.

Insurance Claims

Insurance is a contract between you and your insurance company. We will bill your primary insurance as a courtesy to you. In order to properly bill your insurance, we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient being responsible for the entire bill. Although we may provide you an estimate of what your insurance may pay, we cannot be responsible for any discrepancy between what the insurance company quotes to us and what they actually pay. If your insurance company pays you directly, you are responsible for payment and agree to forward payment to us immediately.

Referrals and Preauthorizations

Certain insurances require that you obtain a referral or prior authorization prior to service. If you are a new patient and need a referral or preauthorization prior to seeing our providers, you will be responsible for obtaining this. If you are an established patient and need a preauthorization prior to services, we will attempt to obtain this as a courtesy to you. However, if we are unable to secure a preauthorization, or your insurance company gives us incorrect information, you are responsible for payment. We cannot be responsible for any discrepancy between what the insurance company quotes to us and what they actually pay. When service is performed at an outside facility, it is patients responsibility to know which facilities are in their network.

Self-pay accounts

Self pay accounts are patients without insurance coverage, or without an insurance card on file. While we participate with most plans, it is always the patient's responsibility to know if our office is participating with your plan. If there is a discrepancy with our information, the patient will be considered self pay until resolved. Self pay patients will be required to pay an estimated office visit fee upon their first visit and will be responsible for prompt payment of any additional charges incurred, or an acceptable payment arrangement with our billing office. Please ask to speak to the billing office to discuss a mutually agreeable payment plan.

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Cancellation of appointments

If it is necessary to cancel an appointment, please give us a minimum of 24 hours advance notice.

Repeatedly missing scheduled appointments jeopardizes your care. For this reason, new patients may be discharged from the practice for 1 no show or failure to cancel appointment and established patients may be discharged from the practice for 2 no shows or failure to cancel appointments.

Completion of Forms

In order to better serve you, we request that you are aware of the following:

Payment is required prior to completion of all forms. Fees are available upon request. Please allow 10 business days for completion of forms.

Returned checks

The charge for a returned check is \$35 payable by cash or credit card. This will be applied to your account in addition to the insufficient funds amount.

Outstanding balance policy

It is our policy that all past due accounts receive three statements. If payment is not made, a phone call and letter will be made to try to make payment arrangements. Once payment arrangements have been made, we must have consistent payment. If no resolution can be made, the account may be sent to the collection agency, along with possible discharge from the practice.

This financial policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact the business office.

Women's Health Care Center of Williamsburg reserves the right to change or modify this information at any time. By signing this form, patient acknowledges having read and agreeing to policy.

Patient: _____

Date: _____

1/1/2020