



Randal J. West, MD | Diane Cox, MD | Ruth Felsen, MD
1401 Johnston Willis Drive, Suite 1100, North Chesterfield, VA 23235
9101 Stony Point Drive, Suite 3300, Richmond, VA 23235

Financial Policy

- Your copayment (copay) is due at check-in. The copayment is a fixed fee defined in your insurance policy that is paid each time a medical service is accessed. Most copayment amounts should be listed on your insurance card. Please be prepared to pay the copayment at check-in to avoid being rescheduled.
- If you do not have insurance, there will be a \$280 prepayment due towards the charge for services prior to being seen. You will also be required to sign a payment plan before being seen.
- Please note that any procedures, lab work, etc., that you have done outside of this office or that is sent for interpretation, is not included in your office visit(s). You will receive a separate invoice for these charges directly from the facility providing the service.
- If you have an outstanding balance with us and you have not arranged a payment plan, then you will be required to make a payment on the balance and sign a payment plan for a monthly amount.
- Payment plans are available for patients needing to make special arrangements to pay off their bills. These arrangements should be made in advance of receiving services. If you are placed on a payment plan and default this payment, then your account will be sent to collections.
- Please feel free to ask questions and discuss financial matters with our financial staff in the business office.
- For your convenience, we accept Visa, Mastercard, American Express, Debit Cards, Cash, personal check and money orders. We do not accept CareCredit.
- If you do not show for an appointment that you confirmed, you may be charged a \$75 no show fee, which must be paid before your next visit. We reserve the right to dismiss any patient from the practice after three consecutive no show appointments.
- **For Johnston Willis Office Patients only:** If you are scheduled for surgery and cancel less than 10 days prior to your surgery date, then you will be charged \$300. *If this surgery was for a mastectomy, then this charge will be \$600.*
- For BOTH offices: If you are scheduled for surgery and have a remaining balance on your deductible, we will collect the remaining balance or \$500 maximum. You will be billed for the remaining balance once your insurance processes your claim.
- A \$50 return check fee will be charged for all returned checks.
- We charge \$30 to complete forms, \$.50 per page for medical records along with a \$20 processing fee. This payment is due PRIOR to completion. Insurance does not cover these charges.
- We participate with many insurance companies. If your insurance company is one in which we do not participate, you are responsible for payment of your account.
- Parents and guardians of minor children will be held fully responsible for the account unless notified with appropriate documentation.

You, the patient, hereby authorize Women's Cancer and Wellness Institute to release any information necessary to complete and process your insurance claims.

Printed Name: _____

Date: _____

Signature: _____

Date: _____