



Moustafa M.Hassan, M.D., Director, FACOG
 Basil Maghak, M.D., FACOG
 Mohammed A. Elkousy, M.D., FACOG
 Marquis Jessie, M.D., FACOG

Accredited with the American Institute of Ultrasound in Medicine
 and by the Fetal Medicine Foundation

Payment is due at the time of service. You are responsible for furnishing accurate insurance information (insurance card) to the receptionist and informing the receptionist immediately if there has been a change in address, marital status, and insurance benefits such as termination or COBRA or addition of Medicaid or Medicare. **You are responsible for verifying your own benefits and limitations with your insurance company, including but not limited to co-pay, co-insurance, deductible, and provider participation.** MFAMA accepts insurance and sends claim information to the insurance companies as a courtesy to you. Health insurance is intended to cover some, but not all, of the cost of your treatment. Most plans require a co-pay, coinsurance, and/or deductible, which the insurance company deems a part of the total reimbursement due to the doctor for services rendered. **Maternal Fetal Associates of the Mid-Atlantic, LLC may decline to render further services to you if the required fees are not paid at the time of service.** *We understand that financial hardships can occur, and if this is the case we can work with you to establish a short-term payment agreement.*

AUTHORIZATION / AGREEMENT

An attempt has been made by me or on my behalf to obtain authorization from my insurance carrier for the services I am seeking from Maternal Fetal Associates. Even if my insurance carrier has authorized my visit(s) with Drs. Hassan, Maghak, Elkousy and/or Jessie, my insurer may deny payment. I understand that the insurance carrier pays Maternal Fetal Associates directly for the services they provide.

I understand that my Obstetrician has referred me to Drs. Hassan, Maghak, Elkousy and Jessie for their expertise in Maternal Fetal Medicine and all care they provide to me is done WHETHER IN THE OFFICE OR THE HOSPITAL as a medical necessity as determined by my Obstetrician and the physicians of Maternal Fetal Associates. In the **rare** case my insurance carrier refuses to issue authorization or payment for care from Drs. Hassan, Maghak, Elkousy and Jessie, I understand that I am financially responsible for any and all charges related to services I receive for such care.

A billing fee of **\$50.00** will be added for failure to pay co-pays, coinsurance, and/or deductible at the time of service. I understand that a monthly late fee of **\$20.00** will be applied for overdue accounts, as well as **interest at 1.5% per month (annual percentage rate of 18%)**. In order to accommodate as many critical patients as possible we ask that you give us 24 hours notice to cancel any appointment in order to avoid a **\$100 no show fee**.

I further understand that if my account is sent to a Collection Agency as a result of my not paying my out-of-pocket responsibilities, an additional Collection Agency Fee of 25% of my outstanding balance will be added as well as attorney and court fees should legal action be taken against me for failure to pay my debt.

My Obstetrician has recommended that it is in my best interest to receive medical and diagnostic services from Drs. Hassan, Maghak, Elkousy, and Jessie, and therefore I _____, hereby agree to the above terms and

(Patient's full name, please print)

conditions, and that the insurance information I provided is accurate and complete.

Patient signature, _____ Date _____

If you are under 18 years of age, your parent or guardian must also sign this form:

Name: _____ Relationship _____ SS# _____
 Full name, please print

Signature: _____ Date: _____

1850 Town Center Pkwy
 Suite 258
 Reston, VA 20190-3219
 (703) 435-1454
 (703) 435-8630 fax

44035 Riverside Parkway
 Suite 345
 Lansdowne, VA 20176-8273
 (703) 724-4250
 (703) 724-4218 fax

7915 Lake Manassas Drive
 Suite 210
 Gainesville, VA 20155-3260
 (703) 743-9211
 (703) 724-1659 fax

3580 Joseph Siewick Drive
 Suite 304
 Fairfax, VA 22033-1751
 (703) 584-7701
 (703) 724-7693 fax