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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 participate with Care Credit; applications are in each office.

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, 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, 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 our doctors, 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. 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; if the outstanding balance is more than 6 months old the Collection Fee increases to 33.33% as well as attorney and court fees should legal action be taken against me for failure to pay my debt.

If it is determined that I purposely failed to disclose information for all plans I am currently covered by, I agree to pay a \$50 administrative fee to have all claims reprocessed to the correct insurance.

My Obstetrician has recommended that it is in my best interest to receive medical and diagnostic services from Maternal Fetal Associates 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: _____

Reston (main)	1850 Town Center Parkway, Pavilion 2 Suite 258	Reston, VA 20190-3219	(703) 435-1454
Lansdowne	44035 Riverside Parkway, Suite 345	Lansdowne, VA 20176-8273	(703) 724-4250
Fair Oaks	3580 Joseph Siewick Drive, Suite 304	Fairfax, VA 22033-1764	(703) 584-7701
Stone Springs	24430 Stone Springs Boulevard, Suite 375	Dulles, VA 20166-2268	(703) 634-0344
Gainesville	7915 Lake Manassas Boulevard, Suite 210	Gainesville, VA 20155-3259	(703) 743-9211