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

Thank you for choosing Maternal Fetal Associates for care of you and your growing family. We are committed to providing the highest quality in high risk pregnancy care. The following is a statement of our financial policy, which will require that you read, agree to, and sign prior to any treatment. **Payment per your benefit description is due at the time of service.** Our office accepts cash, personal credit cards, HSA/HRA payments, and Care Credit. *Care Credit applications are available at the front desk.*

**Our office sends statements electronically. Please provide the responsible party's email address:**

\_\_\_\_\_

**Do You Have Insurance?**

- 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, COBRA, or addition of Medicaid or Medicare. We are not in network with Medicare.
- We must emphasize that as your medical care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and your insurance company.
- MFAMA accepts insurance and sends claim information to the insurance companies as a courtesy to you. MFAMA will provide an insurance estimate to you, however, it is not a guarantee that your insurance will pay exactly as estimated. Your insurance company and your plan benefits will determine the amount paid. If payment is not made within 60 days, we will ask that you contact your insurance company and make sure payment is expected.
- We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid.
- We ask that you sign this form and/or any other necessary documents that may be required by your insurance company. This form instructs your insurance company to make payment directly to our office.
- Your Obstetrician (OB) has referred you to MFAMA for our expertise in Maternal Fetal Medicine and all care MFAMA provides to you is deemed medically necessary by your OB and the physicians of Maternal Fetal Associates. A billing fee of **\$50.00** will be added for failure to pay co-pays, coinsurance, and/or deductible at the time of service. 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/late cancellation fee**.

***AUTHORIZATION/AGREEMENT***

\*By checking this box, I have read, understand and agree to the above terms and conditions. I authorize my insurance company to pay my medical benefits directly to Maternal Fetal Associates. In the **rare** case my insurance carrier refuses to issue authorization or payment for care from MFAMA doctors, I understand that I am financially responsible for any and all charges related to services I receive for such care. *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.*

Patient (parent if under 18) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient if not patient: \_\_\_\_\_

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