Fredericksburg
Womens Health Associates
1300 Hospital Drive
Suite 300
Fredericksburg, VA
22401
(540) 656-2830 Office

Patient or Authorized Person's Signature

Medical Information Release/Claim Settlement

I authorize the release of any medical information necessary to process claims for services that this physician provides for me.

I authorize the release of any medical information necessary to coordinate care between Dr. Leonard, associates, and other health care providers participating in my care.

I also request payment of insurance/government benefits to the physician provided services who accepts assignment.

Patient/responsible party understands that they are responsible for any deductible or non-covered services if insurance coverage is being utilized.

I understand that interest at the rate of 1.5% per month (18% annual) will apply to any balance over 30 days old unless prior arrangements are made.

Patient/responsible party understands that they are responsible for any service charges or collection fees should this account be sent to an out-of-office collection agency.

I further agree in the event of non-payment, to bear the cost of collection, and/or Court costs and reasonable legal fees should this be required.

Patients that are private pay (no insurance) or have an 80%/20% policy are expected to pay at the time services are rendered.

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Patient/Authorized Signature Date

Dr. Tammy J. Leonard and Associates Insurance Policy

It is the policy of this office to file your insurance as a courtesy. However, we do expect payment at the time services are rendered for any private responsibility.

It is very important that you become familiar with your insurance carrier and what is provided under your plan. With changes in different healthcare policies, it is your responsibility to provide us with the correct ID card, referral or referral number, all of which must include proper information.

Please understand that without this information, the patient will be responsible for filing their own claim.

If there are any questions or if other arrangements need to be made, please do so *prior* to seeing the doctor.