



Jennifer L. Thie, MD

Reproductive Endocrinology,
Infertility and Gynecology

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Cincinnati, Ohio 45242

513.794.1430 voice

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Patient Name _____

DOB: _____

Financial Policy

This contract acknowledges my desire to receive treatment from Jennifer Thie, MD and associates.

PAYMENT UP FRONT

I understand that I am responsible for all co-pays, co-insurance, deductibles, and non-covered services. Payment for co-pays and non-covered services as well as any balances on my account are due at the time of services.

INSURANCE FOLLOW-UP

I understand that I am responsible for charges incurred regardless of whether my insurance pays or not. Full payment on balances due is expected within 30 days unless prior arrangements have been made.

PAST DUE BALANCES

I understand that any balance not paid upon receipt of an initial statement is considered past due. I understand that past due balances may be placed with a professional collection agency, reported to the credit bureau and that I will be responsible for collection fees, interest and attorney costs incurred. I also understand that I may not be able to schedule appointments or may be discharged from the practice.

No-Show / Cancellation Policy

In order for our office to provide you with the best care possible, we ask that you make every effort to keep your scheduled appointments. Good medical care and a positive doctor-patient relationship are dependent upon consistent consultation and treatment. This cannot be accomplished with frequent missed and/or no show appointments.

Effective October 1, 2009, if you miss your appointment or cancel with less than 24 hours notice, Dr. Jennifer L. Thie reserves the right to bill you \$50.00 for each no-show or late cancellation. This fee will be your responsibility and will not be billed to your insurance company. This fee must be paid in order to schedule another appointment with our office.

We do realize that on rare occasions, emergencies may arise and we will address these situations with you at the time.

In addition to the \$50 fee, Dr. Thie also reserves the right, after three (3) missed appointments, to discharge the patient from the practice. A letter of discharge will be sent via certified mail to the patient. The practice will provide continued care up to thirty (30) days following receipt of the letter to permit the patient time to make alternative healthcare arrangements.

Signature _____ Date _____

EFFECTIVE OCTOBER 1, 2009