



333 N. FIRST STREET STE 240 BOISE, IDAHO 83702 | 3090 E. GENTRY WAY STE 210 MERIDIAN, ID 83642
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WWW.WOMENSHEALTHBOISE.COM

FLEXIBLE PAYMENT PLAN PROGRAM

Women's Health Associates (WHA) recognizes that the financial impact of healthcare costs on an individual and believes in providing affordable services to our patients/families. As such, we have a "self-pay" program to work with our patients in their health care bills. WHA's self-pay program offers two (2) types of discounts:

- **At time of service** – WHA will offer 50% discount, to applicable services, to any patient that pays in full at time of service.
 - For items or services that have a direct cost associated with them (i.e., hormone pellets, immunizations, medications, laboratory exams, specific equipment/durable medical equipment, etc.), the discount may be less, and the discount will be applied up to ensure direct costs are covered.
- **Payment plans** – WHA tries to be flexible with payment arrangements to assist patients with their cash flow needs, etc. Therefore, a patient that is "self-pay" but unable to pay in full at time of service, a 25% discount will be applied to applicable services.
 - For items or services that have a direct cost associated with them (i.e., hormone pellets, immunizations, medications, laboratory exams, specific equipment/durable medical equipment, etc.), the discount may be less, and the discount will be applied up to ensure direct costs are covered.
 - WHA does require 50% payment of the discounted fee at the time of service up to 100.00.
 - For specific devices (i.e. NovaSure®, MyoSure®, contraceptive devices, specialty labs, etc.), a higher deposit may be required to cover WHA's direct cost.

Other Program Guidelines and Information

- WHA has a Flexible Payment Plan Program for patients. The Flexible Payment Plan Program Agreement is on the final page of this packet. The Flexible Payment Plan Program is for both self-pay and insured patients.
- For laboratory services, it is possible that once running the ordered test a “reflex” or “add-on” test may be necessary as part of diagnosis and treatment. Should one of these tests occur, the applicable discount will be applied.
 - Most commonly, this occurs with urine or wound cultures as a antibiotic susceptibility and identification needs to be performed to ensure proper treatment against resistant strains.
- Self-pay patient balances are considered ready for 3rd party collection actions when:
 - A monthly payment is missed without any communication to WHA’s Billing Department, arrangements made, and 30 days have passed since last statement.
 - Returned mail in which WHA is unable to reach the patient/guarantor for an updated address and no payment has been made or arranged within 30 days of the due date.
 - Returned check or credit card payment for insufficient funds and WHA is unable to reach the patient/guarantor for an updated address and no payment has been made or arranged within 30 days of the due date.
- Any self-pay patient balance that is transferred to a 3rd party collection agency will have any discounts removed. The balance transferred to the 3rd party collection agency will be WHA’s full fee minus any payments that have been made.
- Patients that are utilizing WHAs self-pay program must provide the following, in addition to regular registration information:
 - Full legal name and date of birth
 - Valid/Current Driver’s License
 - Social Security Number
- By 3rd party payer contracts/requirements, self-pay discounts cannot be applied to a patient/guarantor’s, in-network out of pocket costs (deductible, coinsurance, copay, cost share). Should a patient/guarantor choose to utilize WHA’s Self-Pay Program, insurance cannot be billed. WHA has a separate election form required for this process.
- Under the “No Surprise Act,” patients have a right to receive a *Good Faith Estimate* prior to receiving services. This estimate can be obtained from WHA prior to services being rendered, except in an emergency/urgent situation.
- WHA’s Self-Pay Program only applies to services rendered and billed by WHA. It does not include any services that are billed by an imaging center, hospital, pathology service, radiology group, anesthesia service, etc.

PATIENT NAME: _____ DOB: _____ PATIENT ID: _____

The “Idaho Patient Act” requires that healthcare providers provide a “*Consolidated Summary*, in writing, that provides names and contact information of other entities that may bill you as part of your services received by Women’s Health Associates. Please remember that if you are referred to an outside provider or facility for services (i.e., imaging, labs, surgery, evaluations, physical therapy, consults, etc.), these services are handled through those respective billing departments. Please keep this document for your records and contact these organizations directly with any concerns.

- Laboratory Services
 - Primary Laboratory
 - InterPath Laboratory (2460 SW Perkins Ave. | Pendleton, OR 97801 | 866-289-4093)
 - Alternate Laboratory(s)
 - Cole Diagnostics (7988 W Marigold St. Ste 150 | Boise, ID 83714 | 208-472-1082)
 - St. Luke’s Laboratory (190 E. Bannock St | Boise, ID 83712 | 208-706-2333 -billing)
 - Boise Pathology Group (190 E. Bannock St | Boise, ID 83712 | 208-381-2378)
 - Treasure Valley Laboratory (5475 Bethel St | Boise, ID 83706 | 208-367-6392)
 - St. Alphonsus Laboratory (1055 N Curtis Road | Boise, ID 83706 | 208-367-2130 -billing)
 - Doctor’s Data, Inc. (3755 Illinois Ave | St. Charles, IL 60147 1-800-323-2784)
 - Natera, Inc. (13011 McCallen Pass Bldg A Ste 100 | Austin, TX 78753 | 510-826-3572)
 - Cardiac Event Monitoring
 - BardyDx (PO Box 74968 | Chicago, IL 60675 | 844-341-1491)

PATIENT NAME: _____ DOB: _____ PATIENT ID: _____



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FLEXIBLE PAYMENT PLAN AGREEMENT

WHA understands the impact of healthcare expenses and therefore has a flexible payment plan program to help our patients. WHA has developed the following payment plan options:

Balance	Monthly Minimum
Under \$100.00	\$10.00
\$100.00 - \$200.00	\$20.00
\$201.00 - \$300.00	\$30.00
\$301.00 - \$400.00	\$40.00
Above \$400.00	\$50.00

- As of the date of this Agreement, my account balance is: _____. I understand that this balance is current as of the date of this Agreement and does not reflect future services I may receive or insurance adjustments that may process after this date.
- I understand that to be eligible for the flexible payment plan program, through WHA, I must set up automatic payments with WHA's billing department. Should WHA or I need to make adjustments in the monthly minimum amount, this will be discussed ahead of time and my verbal approval will be required and noted in my account.
- I understand that it is my responsibility to monitor my account balance and make payments timely.
- I understand that the amount above, is the minimum monthly amount required to keep my account current and should my account balance increase, my monthly minimum will increase at the different tiers.
- I understand that failure to make a monthly payment, without prior arrangements made with WHA, can result in my account being sent to a third-party collection agency.
- I understand that should my account be sent to a third-party collection agency, any discounts provided by WHA (i.e. self-pay) will be reversed prior to sending the account balance to the third-party collection agency.
- I understand that should I be sent to a third-party collections agency, I may not be allowed to make payment arrangements with WHA for future services.

I acknowledge that I understand and agree to the terms and conditions outlined above.

Date: _____

Patient/ Account Guarantor: _____