

*The Maternal Fetal Center, Inc.*

Danielle M. Esters, MD, FACOG  
1035 S. State Road 7 Suite 120 A  
Wellington, FL 33414  
561-790-0472

Financial policy

The following is a statement of our financial policy, which we require that you read and sign before treatment.

**Full payment is due at the time of service.**  
(Only if you have no insurance)

**Co-payments and deductibles are due at the time of service.**

**We currently accept cash, checks and credit cards.**

**Insurance:**

If you have insurance, we will call your insurance company to verify coverage at the time of your service and we will collect the portion of the bill that the insurance company indicates as your responsibility. You are also required to pay for any non-covered services or deductibles. It is your responsibility as the insured to know what your benefits are before your appointment.

**Usual and customary rates:**

This only applies to patients who have private insurances. These insurances do not have a contract with Dr. Esters. Your insurance may have determined the usual and customary rate for services provided to you however, since we do not have a contract with them you are expected to pay any amounts not paid by insurance. As a courtesy to you, we will file your insurance claim on your behalf.

**Referrals:**

If you are on HMO insurance, you are required to bring your referral and authorization to your appointment. We will not be able to see you without an authorized referral.

**Secondary insurances:**

We will file claims to your secondary health insurer as long as you have an authorized referral.

**Returned checks:**

There is a \$25 service charge for any returned checks. We do not re-deposit checks and payment will be accepted on cash basis or by money order only, thereafter.

**Patient signature** \_\_\_\_\_ . **Date** \_\_\_\_\_ .

**Patient name (print please)** \_\_\_\_\_ .