



**830 King Avenue
Athens, Georgia 30606
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Our Financial Policy

Thank you for choosing us as your health care provider. The following is a statement of our Financial Policy which we ask that you read and sign prior to treatment.

<i>IF YOU HAVE:</i>	<i>YOU ARE RESPONSIBLE FOR:</i>	<i>OUR PRACTICE WILL:</i>
An HMO (including Medicare HMO's) with whom we are contracted	1. Obtaining a referral from your primary care physician 2. Payment of the Co-pay at time of service	File an insurance claim on your behalf
An HMO with whom we are not contracted	Understanding your Co-pay responsibility	File an insurance claim on your behalf
Point of Service (POS), Preferred Provider Organization (PPO), or Indemnity Plan with whom we are contracted	1. Obtaining a referral from your primary care physician (if applicable) 2. Payment of the patient responsibility at time of service	File an insurance claim on your behalf
Commercial, PPO, or any plans with whom we are not contracted	Payment of the patient responsibility once the claim has been filed. Many insurance companies base their payment on 'usual and customary charges'. The patient may be responsible for any amount above 'usual and customary'.	File an insurance claim on your behalf
Medicare without secondary insurance	Payment of remaining deductible and coinsurance once claim is filed	File a Medicare claim on your behalf
Medicare with secondary insurance	Payment of remaining deductible and coinsurance once claim is filed	File a Medicare claim on your behalf; file a secondary insurance claim
Secondary insurance	Supply policy information and pay remaining coinsurance/deductible amounts once claim is filed	File secondary insurance claims on your behalf
NO INSURANCE COVERAGE	PAYMENT IN FULL PRIOR TO SERVICE	
Worker's Compensation	Provide us with the accident date, claim number, attending physician, employer, employer address, and adjuster information	File an insurance claim on your behalf
Accident Related (non-worker's comp), PIP, or LOP		We are unable to process this type of claim.

As a courtesy, we will call your insurance company ahead of time to determine eligibility and obtain approval. This does not guarantee reimbursement. The patient or 'responsible party' remains fully responsible for eligibility and for the entire amount of the bill.

BILLING

The bill from the physician(s) includes professional fees for services provided. You will continue to receive statements as long as there is a balance on your account. You remain fully responsible for the entire amount of the bill. We file insurance as a courtesy; therefore, this does not release the patient from ultimate financial obligation. Any unpaid insurance claims over 90 days will be collected directly from patient.

EXTENDED PAYMENT PLANS

Certain circumstances may warrant an extension of time for payment of an account. Approval must be obtained from our financial manager **prior to any procedure performed and/or hospital visit by our physician.**

RETURNED CHECKS

We charge a \$35 fee for any returned checks. If we receive a returned check, you may no longer use checks as a method of payment.

APPOINTMENT CANCELLATION NOTICE

A 24-hour cancellation notice is required for all appointments. A \$25 fee will be charged for not adhering to this policy and will be due prior to the next appointment. Failure to keep multiple appointments may result in discharge as a patient of our practice.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, applicable co-payments, and deductibles are my responsibility. I understand that failure to pay my account may result in the account being forwarded to a collection agency and restrict the scheduling of future appointments.

Date _____

Signature _____

Patient or Responsible Party