

Financial Policy

The following are the financial policies of our practice which we ask that you read and sign before service is provided. Once signed this form will be scanned into your electronic health record .

Payment:

We accept Cash, Personal Checks, Visa and Mastercard

Payment in full is expected at the time of visit for:

- services for private pay patients
- co-pays and estimated deductibles
- outstanding balances

A service fee of \$35.00 will be charged to the patient's account for any returned check or reversal of a charge card payment.

Private Pay:

We offer private pay rates only for patients who do not have insurance coverage. These rates are in line with the usual and customary insurance fee schedules for the Georgia area. Upon your request our office will be glad to provide a list of these fees .

Insurance Policy:

Our physicians are contracted with most major insurance companies including Medicare and Medicare Replacement Plans. Our physicians are **not** however, contracted with Medicaid.

It is the policy of our office to fully assist our patients with financial issues regarding the filing of insurance claims for services rendered by our physicians. Our billing office will do their best to send correct, clean claims to your insurance carrier in a timely manner. We do not however, guarantee payment for any service.

Patient's will be responsible for any portion deemed "patient responsibility" such as co-insurance, deductible, and/or services not covered by their particular plan. Due to contractual agreements with insurance carriers, our office cannot discount deductible or co-insurance amounts. Patients will be required to pay any Insurance claims not paid within 60 days from date of service. The balance will be transferred to the patient responsibility and will be due in full.

To better assist our patients we ask them to....

- Familiarize themselves with the policies of their particular insurance plan. Most carriers provide the insured with a complete handbook which outlines coverage, provisions, and conditions of their particular contract.
- Contact their insurance carrier's member service department before services are rendered should there be questions regarding coverage or payment.
- Provide correct updated insurance information to our billing department especially when there has been a change in carrier or plan.
- Present their insurance card at each visit in order for staff to verify and maintain accurate information.. The card will be scanned into the patient's electronic health record on the initial visit or whenever a new card is issued.
- Contact the insurance carrier if payment is not made within 45 days from date of service
- Be specific on the type of visit needed when scheduling an appointment as we cannot change the type of CPT code in order for services to be considered for payment or to avoid paying a deductible amount.

Laboratory Fees:

Our office acts only as a drawing station for your lab work and does not process the lab specimens; they are sent to either Labcorp of America or Quest Diagnostics depending on the requirements of your particular insurance carrier. The lab facility will charge a processing fee which will be billed directly to your insurance company. Coverage for lab tests will depend on your particular plan and benefits. Deductibles may apply depending on whether your lab tests are for screening or diagnostic purposes. Patients who receive invoices from either Lab Facility should contact the lab directly.

Lab specimens for Private Pay Patients will be sent to Quest Diagnostics. Payment for lab work is required at the time of the appointment.

Late Cancellation Fees

If you are needing to cancel your scheduled office appointment we require that you give at least 24 hours notice. Any cancellation made the same day of the appointment will be subject to a \$50.00 late cancellation fee. This fee cannot be billed to an insurance company.

I have read the financial policies and acknowledge by signing below that I am responsible for payment of all services regardless of insurance coverage.

Signature Patient or Guardian

Date