

REDDY MEDICAL GROUP, LLC

Patient Acknowledgement of Financial Responsibility

Thank you for choosing our practice for your healthcare needs. We are committed to the success of your medical treatment and care. Please understand that payment of your bill is considered part of your treatment. The following explains our Financial Policy, which we ask you to read, sign, and return to us prior to your treatment.

- All Patients should provide accurate and complete personal and insurance information prior to being seen by the provider, and it is the patient's responsibility to update any changes in insurance, home address, contact information and any other pertinent information necessary for billing.
- All applicable co-pays, co-insurance, balances due, both current and prior, are *due at the time of service*.
- We accept cash, personal checks, and most major credit/debit cards.
- If we are unable to verify your insurance at the time of service you will be asked to pay for visit amount due.

Regarding Insurance

If you have health insurance, it should be understood that this is an agreement between you and your insurance company. As a courtesy to you, we will bill your insurance company for all covered services. You will be responsible for any bills that are not paid within 30 days of our claim submission. **You are responsible for payment of your bills regardless of the status of your insurance claim.** We believe our fees to be customary for our region and specialty.

- **Contracted Insurance:** If you are a member of an insurance plan which our office has contracted with, you will be asked to pay all co-pays, deductibles, and any non-covered services at the time of service. Please verify with your insurance carrier if we are a participating provider with your insurance plan. It is the patient's responsibility to check their own insurance coverage, network providers, and benefits.
- **Non-Contracted Insurance and Non-Covered Services:** If your health care plan is a non-participating plan, payment is due at the time of service and you will be given a receipt to file with your insurer. Services we provide to you may or may not be covered by your insurance due to routine, non-covered, or your insurance company deems not medically necessary. In the event that your insurance company does not cover your services, you will be responsible. In some cases a pre-certification may be requested from the insurance carrier, but this does not guarantee payment.
- **Medicare:** We accept assignment from Medicare. Therefore, Medicare payments will be made directly to the provider. We are required by Federal Law to collect 20% of the allowed amount either out of pocket or by your supplemental insurer. You are responsible for the annual Medicare deductible.
- **Medicaid:** We are participating providers with Georgia Medicaid. You are responsible for co-payments at the time of service. If you have exceeded your 10 visits for the year(July 1-June 30), you will be held financially responsible.

Cancellation Policy

RMG requires 24 hour notice for all cancellations or rescheduling of appointments. Missed appointments, also known as "No Show", are subjected to a \$50.00 missed appointment fee. The fees are not paid by your insurance carrier and are considered the patient's responsibility. The fees must be paid before any future

appointments are scheduled. You may cancel an appointment by calling any of our locations or by other means available.

Worker's Comp Visits

Authorization and billing information is required prior to your treatment. If your claim is denied by the carrier, you will be responsible for the total charges.

Self Pay

Patients who do not have health insurance are considered "Self Pay". We offer a discount on your office visit charge only. This does not include additional ancillary services performed, such as labs, x-rays, procedures etc. **In order to receive the discount, all fees are due at time of service.**

Auto Accident Related Visits

We do not accept Motor Vehicle Accident (MVA) policies. Patients being seen for automobile accident related issues must pay for their visit at the time of service and you will be given a receipt to file with your Motor Vehicle Accident Insurance carrier.

Durable Medical Equipment (DME) Supplies

All DME supplies are provided on a cash basis. We do not file DME claims.

Laboratory Services

It is the responsibility of the patient to notify RMG, LLC. if insurance requires the use of a specific reference lab for specimen processing. As the patient, you will be fully responsible for any non-covered services.

Past Due Accounts

Unfortunately, we are not in the position to finance health care and we make no arrangements for long term payments on patient balances. If unusual circumstances should make it impossible for you to meet our credit terms, we ask that you call or personally discuss the matter with our office. This will avoid any misunderstanding and keep your account in good standing. **Accounts will be referred to our collection agency if an agreement to pay is not reached within 30 days of initial statement date.**

Returned Checks

There will be a \$35 charge added to your account for any check returned for non-payment from your bank.

Refunds

Refunds can take 60 days to process from the time the patient requests the refund and claim is fully processed and we have received a response from your insurance.

Please contact our office if you have any questions or concerns at (706) 621-7575.

I understand that I am financially responsible to Reddy Medical Group, LLC for any non-covered charges. If I am a self-pay patient, I understand that I am responsible for all charges in full at the time of service. **I have read and understood the Financial Policy terms and conditions.**