## **Financial Policy**

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 asks 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.
- 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. 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. If your insurance company uses a different fee schedule, you will be responsible for any balance remaining.

- Contract 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 our receptionist if we are a participating provider with your insurance plan. It is your responsibility to understand and comply with any predetermination of benefits or referral requirements.
- **Non-Contracted Insurance:** 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.
- **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 12 visits for the year, you will be held financially responsible.
- Cancellation Policy: A \$10.00 Charge will be added to your account if an appointment is not cancelled 24 hours in advance. You may cancel an appointment by calling any of our locations. EFFECTIVE 01-01-2012 the charge will increase to a \$25.00 charge if an appointment is not cancelled 24 hours in advance.
- Worker's Comp: Authorization is necessary prior to your treatment.
- **Self Pay:** Payment is due at the time of service. Patients who do not have health insurance are considered "Self Pay". We offer a 25% discount off your office visit charge when paid in full at the time of service. This does not include other procedures performed, such as labs, x-rays, etc.
- Auto Accident Related Visits: Patients being seen for automobile accident related issues must bring in automobile insurance information and/or claim information to the visit.
- 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 financial coordinator. This will avoid any misunderstanding and enable you to keep your account good standing. Accounts that are greater than 6 months past due will be referred to our collection agency.
- **Returned Checks:** There will be a \$30.00 charge added to your account for any check returned for non-payment from your bank. Please contact our financial coordinator if you have any questions or concerns at (706) 621-7575, ext 1008.
- **Refunds:** Refunds can take 45-60 days to process.
- Finance Charge: There will be a \$5.00 finance charge accrued after 2 statements have been mailed.