



## FINANCIAL POLICY

There have been numerous changes in health care in the past few years, making it more difficult for us to receive payment for the services that we provide. Therefore, the following is a list of guidelines that are necessary for us to enforce in order to continue to provide high quality care and make your visit as pleasant as possible. **PLEASE READ ALL INFORMATION AND SIGN YOUR ACKNOWLEDGEMENT OF READING THIS POLICY IN BOTH AREAS INDICATED ON THE FOLLOWING PAGE.**

1. We will collect your co-pay, deductible, uncovered services or percent responsibility at the time of your visit. A \$25.00 service fee will be charged to you should you fail to pay your copay at the time of service.
2. Please be very thorough in giving us your insurance information if you wish us to file your claims on your behalf. Always bring your current insurance card and any authorization needed that you may have. You will be responsible for any unpaid balances due to lack of information.
3. We will file your insurance claims for you. It is your responsibility to make sure we receive prompt payment from them (within 30-45 days is usual). It is useful to maintain frequent contact with your insurance carrier to make sure they are paying, as they should.
4. Your insurance company will send you an Explanation of Benefits (EOB) that explains what they have paid to our office. This is a record that you must keep on file. If you do not agree with their payment, please contact the insurance company.
5. During the well visit, the physician may discover a "condition" or illness that requires diagnosis, treatment or follow-up. Charges for this will be covered as an illness visit by insurance, which may require a copay or co-insurance or deductible to you. Determination of any patient responsibility comes from the insurance company according to your policy benefits.
6. If your insurance denies payment for any reason, you will be asked to pay by check, cash, and money order, Visa, MasterCard, Discover or American Express. If you do not pay in a timely fashion, your account will be placed into collections with our collection agency, Diversified Accounts Systems, Morrow, Georgia.
7. SELF-PAY PATIENTS: This category includes those people with no insurance and those patients who have an indemnity plan and wish to file their own insurance. To assist those patients with no insurance, our office will apply a 10% (ten percent) discount toward the office visit charge, excluding any laboratory fees, injections, etc. To qualify for this discount, you must make payment in full on the date of service. Due to the cost of maintaining and billing your account, we cannot apply this discount once you have left the office.

Payment for medical services is expected before the service is rendered. We accept cash, check, money order, Visa, Mastercard, Discover, and American Express. If you will not be able to pay for



services in full at the time of service, you must make payment arrangements prior to coming to see the provider. If you have no prior agreement with our office, payment in full paid in advance, will be expected. If payment is not possible, we may re-schedule the visit.

8. If your insurance is out of state (except for PPO insurance), you must pay for your visit at the time of service. Most out of state plans pay the patient and will not pay us directly (even if they tell you they will). Payment will be collected up front in full and we will provide you with all the appropriate information to file the claim yourself.

9. It is your responsibility to know what your insurance will or will not pay. You must let the doctor/nurse practitioner know if your insurance company will not pay for routine or well visits, laboratory tests, injections, etc. Our providers will make every effort to work with your insurance requirements; however, we will code your claim/claims according to the diagnosis as determined by the provider.

10. Because of the nature of our specialty, we try to maintain an even patient flow when scheduling. In the event you cannot keep your appointment, you must call our office within twenty four (24) hours of your appointment time. Please see additional handout regarding this policy in detail.

**FOR YOUR INFORMATION:**

Our practice's policy is to file claims to insurance companies electronically the morning of the next business day following the date of service.

Remember you and/or your employer pay the monthly insurance premiums. Your insurance company is accountable to you, and not this practice. Please do not hesitate to contact them if you disagree with their payment or find out the status of our claims.

If you have any questions regarding our financial policy, please state your questions prior to being seen in the office. You may call (770) 941-7709 to discuss our financial policies.

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Parent or Guardian Signature

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Date

**Note: Our participation with your insurance does not guarantee their payment of your bill.**