

## PEACHTREE CITY PHYSICIANS GROUP FINANCIAL POLICY

Peachtree City Physicians Group would like to welcome you to our practice and Thank you for choosing our practice for your healthcare. We would like to take this time to explain our financial policies to you. Unfortunately, in this day and age many services we provide may not be covered by your insurance carrier. We are here to provide you with the best possible healthcare and it may require us to bill you directly for certain services. ***Your insurance is a contract between you and your employer and/or the insurance company. We bill participating insurance companies as a courtesy to you.*** While we may be a provider of services, we are not a part of the contract that you have with your insurance provider. We encourage you to contact your insurance carrier personally in order to be informed of your benefits.

If you have medical insurance, we will assist you in receiving your maximum allowable benefits. In order to achieve this goal, we need your assistance and understanding of our financial policy.

1. Please be prepared to present your insurance card at every visit. This will help to insure proper billing information.
2. Missed appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. Missed scheduled appointments are subject to a fee of \$25.00 or \$50.00. Continuous disregard of scheduled appointments may result in discharge from the practice.
3. Co-payments and deductibles for office services are required at the time of the visit. Co-payments and deductibles will be collected when you check out. You will be charged an additional \$10.00 if you do not pay your co-pay or deductible at the time of service.
4. It is your responsibility to understand your benefits package. We do our best to code your visit accurately. Please do not ask us to change the diagnosis code after your appointment unless it is our error.
5. Patients with an outstanding balance of 90 days or more must have made payment plan arrangements and must be making monthly payments prior to scheduling appointments. If a payment plan hasn't been set up after 90 days; your account will be placed with a collection agency and steps will be taken to dismiss you from the practice. In the event your account must be turned over to a collection agency, you will be billed and are responsible for all fee's involved in the process.
6. Motor Vehicle Accidents are payable by the patient. We will provide you with the forms necessary to seek re-imburement from your auto insurance.
7. Forms and applications such as PRIOR AUTHORIZATIONS, SCHOOL FORMS, or LETTERS that require the physician's time to complete, will be billed to you, not your insurance. The fee for this service starts at \$15.00 and will increase depending on the complexity of the forms. This generally does not apply if done during an office visit.
8. Unpaid returned checks are subject to a Handling fee of \$40.00. If a check is returned, your unpaid account will be placed on a cash only basis.
9. There will be a fee to copy medical records. Please allow up to 30 days upon receipt of a signed consent form.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise; we encourage you to contact us promptly for assistance in management of your account.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ THE FOREGOING, THAT ANY QUESTIONS HAVE BEEN FULLY EXPLAINED, AND THAT HE/SHE UNDERSTANDS THE CONTENTS. THE UNDERSIGNED HEREBY AGREES TO ALL TERMS SET FORTH IN THIS DOCUMENT.

Print Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Sign Patient/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_