

Georgia Center for Pelvic Health

FINANCIAL POLICY

As your physician(s), we are committed to giving you the best possible medical care. To achieve this goal, we need your assistance and understanding of our payment policy.

You will be required at each visit to present the office with your insurance card. You are also expected to notify us of any changes in name, address, phone or insurance information. Prior to your appointment, please check your insurance information so you will be informed about referrals, co-payments and any deductible required at the time of visit.

Unless arrangements have been made in advance, **co-payments, co-insurance and any outstanding balances are expected at the time of service.** Patients may be financially responsible for payment of all services, even if their insurance company does not pay. Patient accounts not paid promptly are subject to third party collections and/or legal procedures.

If your insurance carrier has not responded to a claim within 90 days, we reserve the right to formally transfer all associated liability for the claim to the patient/guarantor. Failure to promptly resolve this balance may result in third party collection procedures.

We are participating Medicare providers and we will file Medicare for you. Any service routinely not covered by Medicare (i.e., Preventative Exams) we will request that the services be paid at the time of service. We request payment for the 20% of the allowable Medicare charges and any deductible (if applicable) that has not been met at the time of your visit.

If we are not participating providers with your plan, we will provide you with a receipt for you to file with your insurance company.

We also do not accept Letters of Protection on an auto liability case. We do not participate in the treatment of illnesses in Worker's Compensation claims.

Any check returned from the bank will result in an additional (\$20) charge that will appear on your account.

We must emphasize that our concern is with you and your health, not with your insurance company. We realize that emergencies do arise and may affect timely payment of your account. If such extreme cases do occur, please contact our office promptly for assistance in the management of your account.

If at any time you have any unanswered questions or concerns, please feel free to address those issues directly with our Office Manager.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____