NORTHEAST GEORGIA HEART CENTER, P.C.

Practice Financial Policy

Revised: March 2010

You and your insurance carrier are responsible for your bill. Knowing your insurance benefit plan is *your* responsibility.

PLEASE READ CAREFULLY

If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policy.

- **Co-payments for services are *required* at the time of registration. Failure to pay your co-payment at the time of service will result in a billing/statement fee of $10.00. Please be advised that we *are contractually obligated by your insurance carrier* to collect your co-payment at the time of service.**
- As a courtesy, we will process and file your insurance claims for services at no cost to you. The balance of your charges will be billed to you. Payment in full of the patient portion will be expected with receipt of your statement. You will receive two billing statements regarding your balance. If we do not hear from you after these two statements, your account will be subject to our collection process unless prior arrangements are made with our financial office.
- Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover or which they may consider medically unnecessary, and, in some instances, you will be responsible for these amounts. We will make every effort to ascertain your coverage for our services before treatment and will make you aware of our findings. However, this does not guarantee payment from your insurance carrier and you may be responsible for the balance.
- For services that are not covered by insurance, the practice requires payment of 100% of total charges unless prior arrangements have been worked out.
- If you do not have insurance, please ask to speak with a financial counselor to review our payment options. We offer a 30% discount on your services if you pay the same day services are rendered. If you cannot pay at the time of service, we will be happy to put a payment arrangement in place for you that meets our established practice policy.
- Returned checks are subject to a handling fee of $30.00. In the event your account must be turned over for collection, you will be billed and are responsible for all fees involved in that process.
- Please note that our office charges $25 for missed appointments. Please contact our office 24 hours in advance to reschedule your appointment in order to avoid this fee.

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 the management of your account. If you have any questions about the above information, or any uncertainty regarding your insurance coverage's, PLEASE do not hesitate to contact us. We are here to help you.

PLEASE READ ALL OF THE ABOVE CAREFULLY BEFORE SIGNING BELOW

Print Name: ____

Signature: ____ **Date:** __________________