

### Financial Policy

Thank you for choosing our practice for your neurosurgical healthcare. We are committed to the success of your medical treatment and care. Payment of your bill is considered a part of your treatment. The following statement explains our financial policy.

- Accurate and complete personal and insurance information is required prior to being seen by the provider.
- All co-pays and personal balances, both current and prior, are *due at time of service*.
- We accept cash, personal checks, MasterCard, Visa, American Express and Discover.

Health insurance is an agreement between you and your insurance company. You are responsible for payment of your bill regardless of the status of your insurance claim. Our fees are customary for our region and specialty. If your insurance company uses a different fee schedule, you will be responsible for any balance remaining.

- **Contracted Insurance:** Members of an insurance plan with which our office is contracted will be asked to pay all co-pays, deductibles and any non-covered services **at the time of service**. If you receive two different types of service on the same day, you will be asked to pay two different co-pay amounts as required by your plan. 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 healthcare 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. If surgery is indicated, you will be given an estimate of our charges. Prior to surgery, we ask for a 50% down payment and any unpaid deductible.
- **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.
- **Workers' Comp:** Authorization is necessary prior to your treatment.
- **Auto:** We do not file auto insurance. Payment is **due at the time of service** unless health insurance is available.
- **Self-Pay:** Payment is **due at the time of service**. If surgery is indicated, you will be given an estimate of charges and asked to make a 50% down payment prior to scheduling.
- **Minor Children:** The parent listed as the guardian for the child will be the parent held responsible for the charges in case of parental separation or divorce.
- **Surgery/Injections:** Please be aware that you will receive separate bills from the surgeon, the facility and the anesthesiologist.

**Past Due Accounts:** Unfortunately, we are not in a position to finance healthcare and we make no arrangements for long-term payments. If unusual circumstances make it impossible for you to meet our credit terms, we ask that you discuss the matter with our financial coordinator. This will avoid any misunderstandings and enable you to keep your account in good standing. Accounts that are greater than 90 days past due will be referred to our collection agency.

**Returned Checks:** There will be a \$25.00 charge added to your account for any check returned for non-payment.

Please contact our financial coordinator if you have any questions or concerns at (706) 548-6881.

I have read the Financial Policy and understand the terms.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date