

Georgia Internal Medicine Partners, LLC.
FINANCIAL POLICY

Thank you for choosing Georgia Internal Medicine to serve you and your health needs. We are pleased to participate in your health care and look forward to establishing a lasting relationship as your health care provider. As part of this relationship, we wish to establish our expectations of your financial responsibility as outlined in our Financial Policy. Your medical insurance is a contract between you and your insurance company. We can often help with providing information to help you in filing claims, but you are primarily responsible for any charges that you have incurred as a patient with Georgia Internal Medicine. Please review and sign the following financial policy prior to your office visit.

1) CO-PAYMENTS AND PATIENT BALANCES – All co-payments and outstanding patient balances are due at the time of your appointment. ALL co-pays must be paid BEFORE your visit. We accept cash, check, or credit cards.

2) INSURANCE – If you have insurance that we participate with, we will file your claim. Patients must complete and sign information and insurance forms prior to seeing the physician. You must present a current insurance card at each visit. If you or your children do not present a current insurance card, you will be responsible for payment at the time of your visit. If your insurance carrier is not one with which we participate, you are responsible for payment in full. Insurance plans consider some services to be “non-covered,” in which case you are responsible for payment in FULL. If your insurance company has not paid a claim on your behalf with 90 days because of information that you have not provided, the balance will be transferred to your account and you will be responsible for payment. If we receive payment at a later date, you will be reimbursed by our office.

3) MINORS AND DEPENDANTS – Parents and guardians are responsible for payments for their dependants at the time the service is rendered. Minors and dependants must present a valid insurance card at each visit if a claim is to be filed. See item #2 above if an insurance card is not presented.

4) MISSED APPOINTMENTS – Unless they are cancelled at least 24 hours in advance, our policy is to charge for missed appointments. The fee for a missed appointment is \$25. This fee is not covered by your insurance plan and is your responsibility.

5) PROMPT PAYMENT – Just as we make every effort to accommodate you when you are in need of medical care, we expect that you will make every effort to pay your bill promptly. If you have a financial hardship or if you are unable to pay your bill in its entirety please contact our billing office to discuss payment options. If your account becomes delinquent and you have not established or met payment options with our billing office, your account will be turned over to a collection agency and we will ask you to seek your medical care from another medical office. **Patients will be responsible for any charges incurred by a collection agency and/or court fees.**

I, _____, have read the above financial policy and agree to all of its terms.
Printed Name

Responsible Party Signature

Date Signed